

Improving the Culture of Hospitals

A research project that will provide concrete resources to assist hospitals improve the quality and sustainability of services for Aboriginal and Torres Strait Islander patients

exploring success stories

We are pleased to provide this second newsletter, summarising progress of the *Improving the Culture of Hospitals* project. In this edition, we focus on the outcomes from Phase III, which included documenting the elements of successful practice provided by a group of hospitals to their Aboriginal and Torres Strait Islander¹ population.

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.² The Australian Federal Government has acknowledged their responsibility to respond to this issue and ensure that the health gap between Aboriginal and non Aboriginal Australians is addressed. The *Improving the Culture of Hospitals* project 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 people.

How are we conducting the Project?

The *Improving the Culture of Hospitals* project is funded by the Cooperative Research Centre for Aboriginal Health and project managed by the Australian Institute for Primary Care, La Trobe University and partner organisations, The University of Melbourne (Onemda, Vichealth Koori Health Unit) and the Aboriginal Health Council of South Australia. The project is 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 are our aims?

The aim of this project is to examine successful Aboriginal programs undertaken by hospitals, within a quality improvement framework. This information, and the experience of Aboriginal people, will be used to explore what would support replicating and sustaining this type of work across a wide range of hospital environments.

¹ For the remainder of this newsletter Aboriginal and Torres Strait Islander people will be referred to by the term Aboriginal unless using a specific title.

² Wilson D (2003). The nurse's role in improving indigenous health. *Contemporary Nurse*, Oct, 15 (3): 232-40

exploring success stories

What are our outputs so far?

Information gained through the project has been used to generate a practical framework that incorporates a continuous quality improvement process and accompanying concrete tools and guidelines for each stage, all of which have been proven to be effective instruments to sustain cultural change within the hospital environment. An overarching outcome is providing an ongoing reform strategy to ensure sustainability of improvements regarding Aboriginal health in line with the key responsibility of each state and territory jurisdiction.

Key outputs of the Improving the Culture of Hospitals project include:

- the development and publication of a comprehensive toolkit outlining a culturally appropriate continuous quality improvement process with accompanying resources, tools and guidelines to improve the culture of hospitals from the perspective of Aboriginal people.
- the development of a formal training program for Aboriginal staff in hospitals to assist them in engaging effectively in conventional continuous improvement activities that improve the culture of hospitals.
- the establishment of a national network of Aboriginal people working with hospitals.

The use of the concrete tools and guidelines will provide guidance on how to improve the culture of hospitals to support the federal governments' policy initiatives including:

- Close the Gap Statement of Intent – signed in March 2008
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 and Australian Government Implementation Plan 2007–2013
- A Healthier Future For All Australians – Interim Report of the National Health and Hospitals Reform Commission December 2008
- Framework for Reporting on Indigenous Disadvantage – Productivity Commission

Exploring some success stories — Case studies from hospitals successfully responding to Aboriginal people

What were we looking at?

The purpose of this phase of the project was to identify the key elements that characterised those hospitals that were, in the opinion of Aboriginal stakeholder organisations, successfully providing services to Aboriginal people. These elements were then used to generate the quality framework and toolkit. We did not aim to undertake an in-depth case study that analysed all aspects of hospital practice.

How did we select sites?

In each jurisdiction of Australia the National Aboriginal Community Controlled Health Organisation affiliate was informed of the project and asked to nominate hospitals that, in their view, had put a substantial, sustained and successful effort into implementing Aboriginal health initiatives. The hospitals nominated were offered the opportunity to participate by completing an expression of interest questionnaire. Those hospitals that responded were then assessed by the project team and five hospitals were selected. To collect information, a site visit to each hospital was undertaken. Aboriginal and non-Aboriginal researchers met with a wide range of hospital staff. Each site visit included the analysis of documentation and policies provided to the team as well as notes taken from meetings. At the conclusion of these visits all team members, Aboriginal and non-Aboriginal, discussed and finalised the key themes that emerged from each case study.

Which hospitals participated?

1. Maitland Hospital (Yorke & Lower North Health Service, South Australia)

The Maitland Hospital is a rural hospital that provides both inpatient and aged care services. Among its key Aboriginal health developments was a comprehensive feedback process from the Aboriginal community and Aboriginal patients as well as an Aboriginal employment strategy.

2. Royal Adelaide Hospital (South Australia)

The Royal Adelaide Hospital is a metropolitan hospital providing a wide range of services with a dedicated Aboriginal and Torres Strait Islander Liaison Unit. Their Quality and Safety Unit is responsible for Aboriginal health and leads the ongoing quality improvement process in this area.

3. St. Vincent's Hospital (Melbourne, Victoria)

St. Vincent's Hospital is an inner city metropolitan hospital that provides a wide range of services. It has had a long standing Aboriginal Hospital Liaison Officer program with strong executive support and a comprehensive range of policies to support ongoing development. The Victorian government policy known as Improving the Care for Aboriginal and Torres Strait Islander Patients (ICAP) has also provided a useful framework to improve relations with the Aboriginal community and implement a range of initiatives that have seen an improved service response to Aboriginal patients.

4. Goulburn Valley Health (Shepparton, Victoria)

Goulburn Valley Health is a rural hospital providing services to a wide geographical area and has a long established formal partnership with Rumbalara Aboriginal Cooperative, the local Aboriginal community controlled health organisation. This partnership guides all future developments and provides the hospital with regular feedback on the quality of its services to the Aboriginal community.

5. Royal Children's Hospital (Melbourne, Victoria)

The Royal Children's Hospital (RCH) is a metropolitan based hospital specialising in the care of children. RCH has recently developed a specific Aboriginal model of care that incorporates a stand alone clinic for Aboriginal patients and their families. This grew from a long standing and effective Aboriginal Hospital Liaison Officer program.

What did we find?

The case study results indicated that hospitals that were considered to be successfully addressing the issues of their Aboriginal patients shared the following essential characteristics:

- **strong partnerships** with Aboriginal communities;
- **enabling state and federal policy** environments;
- **leadership** by hospital Boards, Chief Executive Officer/General Manager's and key clinical staff;
- **strategic policies** within their hospitals;
- **structural and resource supports**; and
- **commitment to supporting** the Aboriginal and Torres Strait Islander workforce.

A Strong partnerships with Aboriginal communities

It was clear that generating strong partnerships with Aboriginal communities was the foundation for any attempt to improve services to Aboriginal people and required commitment, time and resources. Consultations with various Aboriginal communities, organisations and leaders, conducted by Aboriginal staff from most of the hospitals, usually resulted in the development of formal agreements. These formal agreements provided a mechanism for on-going relationships and information sharing. They also articulated specific goals, specified improvements in services and incorporated accountability requirements.

Strategies for maintaining a dialogue with the Aboriginal community also included a range of other activities such as the establishment of an Aboriginal Health Advisory Council and other advisory committees and the hospital providing shared care, community based and outreach services in particular to Aboriginal communities and some primary care services. The variations between the hospitals in the case studies seemed to be more related to specific internal and local factors (staffing and resources) and organisations (capacity to participate in consultations) rather than whether they were large or small or rural or city based.

B Enabling state and federal policy environments

Some of the hospitals were operating within and clearly influenced by specific state and federal policies that aimed to improve the health of Aboriginal patients. At the national level the hospitals are required to implement initiatives to achieve specific Aboriginal health outcomes as outlined in the Health Care agreements negotiated at the Council of Australian Governments (COAG).

All of the hospitals in the case studies referred to the national Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 and indicated that they had undertaken a range of activities related to the framework. Senior staff at one of the hospitals were also attempting to implement the National Health and Medical Research Council's guide, 'Cultural Competency in health: A guide for policy, partnerships and participation'.

At the state level Victorian hospitals have been implementing the Improving Care for Aboriginal and Torres Strait Islander Patients policy that requires hospitals to improve their partnerships with Aboriginal communities. This policy supports, for example, the creation of health outcomes agreements with the local Aboriginal communities that have been developed by rural hospitals.

In South Australia the Department of Health established Aboriginal Health Advisory Councils (AHAC's). These regional committees were initially established to provide advice to hospital boards. After boards were disbanded AHAC's were maintained to advise hospitals on regional issues and they send one Aboriginal representative to Aboriginal Health Council of South Australia Board of Management meeting to provide state-wide advice to the South Australian government of Aboriginal health issues. In South Australia, the state government supports AHAC's and one regional hospital has used this structure effectively to gain feedback from the community.

There was considerable variation between the states and the federal government's policy requirements for hospital services to Aboriginal patients. It would be most advantageous if these policy requirements were consistent.

It is important to note that in some cases the policy requirements and associated funding had been most influential in enabling some hospitals to address the issue of the health of their Aboriginal patients. However for other hospitals this focus and funding was a welcome support to work that had been already been initiated by key hospital staff and or other Aboriginal organisations.

Exploring success stories

C Leadership by hospital Boards, Chief Executive Officer/General Managers and key clinical staff

It was no surprise that all the hospitals, regardless of size or location, had Board members, Chief Executive Officer/General Managers and clinical staff who exhibited leadership in relation to improving services to Aboriginal patients. Their formal responsibilities for effecting cultural and organisational change and improvements to Aboriginal health, were acknowledged by the hospital Boards in a range of ways including; allocating portfolios and resources, mandating targets, agreements and regular reports. Some also undertook cultural awareness training and/or were participants of particular implementation committees.

D Strategic policies within their hospitals

All the hospitals had generated a number of internal strategic policies aimed at improving the health of Aboriginal patients. Nearly all the hospitals had produced documents, such as vision and mission statements which incorporated explicit value statements regarding the hospital's commitment to caring for Aboriginal people. All had a range of change management strategies that were often implemented via their quality improvement mechanisms. The five hospitals had developed new Aboriginal health frameworks, action plans, key performance measures, training, protocols, guidelines and models of care. Three had also monitored and reviewed these. Frameworks linked to quality improvement mechanisms that included action plans with clear, achievable aims and allocated personnel were the most effective.

All of the hospitals had policies that required some staff to attend cultural awareness training that was usually delivered by Aboriginal people. One hospital had incorporated the attendance at cultural awareness training into all position descriptions. Some of the hospitals exhibited a more complex understanding of the dimensions of cultural change, usually those that have been involved in change over a longer period.

They considered cultural awareness to be a multi-faceted ongoing process of information exchange, debate and review of practice rather than something that could be accomplished as a result of a one off training session.

As part of their ongoing commitment to an improved understanding of and relationship with Aboriginal communities, some hospitals had policies that facilitated Aboriginal ceremonies and events occurring within the hospital. Again this achievement seemed to be related to the quality and extent of the established relationship rather than the size or location of the hospital.

E Structural and resource supports

Not surprisingly, structural and resource supports seemed to be essential if the hospital was to focus on improving Aboriginal patients' health. Some of the hospitals linked their initiatives to quality improvement mechanisms, such as the Quality and Safety Committee, in part to formally identify support staff and resources. All had established a formal Aboriginal Hospital Liaison Officer or an Aboriginal Health Liaison Worker role. Some had a specific Aboriginal and Torres Strait Islander Steering Committee and an Aboriginal and Torres Strait Islander unit or an Aboriginal health team. All had increased or reallocated funding for Aboriginal staff. It is important to note that some hospitals undertook these initiatives with specific additional funds and others reprioritised funds within their ongoing budgets.

Additional resources have been provided by some hospitals for the purchase of Aboriginal artwork, posters and resources and particular rooms and spaces for Aboriginal people within the hospital area have been identified. In addition, some hospitals have arranged funding to allow hospital staff to provide services in the Aboriginal community. Most hospitals used internal newsletters and bulletins to inform staff of particular events, goals and progress.

F Commitment to supporting the Aboriginal workforce

Finally, the importance of policies, resources and practices that support the hospital's Aboriginal workforce cannot be over estimated. Key findings from the case studies indicate that essential factors include: targets set for increasing the Aboriginal workforce; well articulated role statements for Aboriginal Health Liaison Workers and all Aboriginal staff; the establishment of Aboriginal teams rather than sole workers; Aboriginal staff employed in mainstream positions not just Aboriginal Hospital Liaison Officer roles; time allocations for Aboriginal workers to maintain relationships with community organisations; visit Aboriginal patients and fulfil their community responsibilities; clearly defined lines of accountability; and supportive senior management staff who are committed to the cultural change program. Most importantly, the hospital must promulgate the explicit understanding that improved outcomes for Aboriginal patients are the responsibility of all hospital staff, not just the Aboriginal workers.

Summary

This project has the potential to set in place a process for continuous quality improvement around cultural reform in hospitals, including opportunities 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 the hospital and their local communities to make a real difference in Aboriginal health.

As has been highlighted above, the emerging themes of workforce, partnerships, quality objectives, executive and board sponsorship, clinical champions and accreditation are all part of a comprehensive policy approach that will assist hospitals in improving the health outcomes for Aboriginal communities.

There will be further newsletters outlining the progress of the project. If you require any more information or would like to arrange a meeting in your jurisdiction please contact John Willis, Project Manager on the contact details.

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