

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

Introduction

Aboriginal health is the biggest health issue facing Australia today. Governments have a responsibility to respond to this issue and ensure that the health gap between Aboriginal and non Aboriginal Australians is closed. The *Improving the Culture of Hospitals* project can provide some of the answers and will develop a range of resources, tools and guidelines to assist hospitals across Australia improve their performance in this important area. 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 with partners The University of Melbourne (Onemda, VicHealth Koori Health Unit) and the Aboriginal Health Council of South Australia. The project is focused on continuous quality improvement in hospitals and how they can improve their cultural sensitivity and imbed a process of cultural reform into their quality improvement processes. This project will support an ongoing reform strategy to ensure sustainability of improvements regarding Aboriginal health in line with the key responsibility of each state and territory jurisdiction.

This newsletter provides a brief summary of the project including the elements of the project, projected outcomes, timelines, the processes undertaken to complete the first round of case studies and those proposed for the trailing of the tools, guidelines and resources in subsequent phases.



Onemda

VicHealth Koori Health Unit

Project Details

A Summary

Using the experience of Aboriginal people as the central reference point, systematic case studies of hospitals with different levels of experience in attempting to make their organisational services and surrounds more culturally sensitive to the needs of Aboriginal patients, their families and friends will be used to gather information and to inform the development and implementation of relevant tools and processes to support a continuous quality approach to improving cultural sensitivity in these institutions. A key objective will be to produce tools, processes and guidelines that assist hospitals to engage with their local Aboriginal communities in a collaborative exercise of quality improvement for cultural reform.

B Elements of the project

The project involves a six phase process. The first three phases involve consultation with Aboriginal and mainstream health providers, a review of operating contexts within hospitals and the establishment of case studies within hospitals. The last three phases involve the testing of interventions including culturally-sensitive continuous quality improvement tools, processes and guidelines on location.

C Projected Outcomes

The primary objectives of the *Improving the Culture of Hospitals* project are to deliver:

- A comprehensive understanding of the diversity, rationale and effectiveness of tools, processes and guidelines that have been used to improve the culture of hospitals from the perspective of Aboriginal people
- A comprehensive understanding of the characteristics that Aboriginal people believe would make hospitals more culturally appropriate.
- A comprehensive understanding of the government and accreditation policy conditions that need to be in place to ensure that cultural improvement can be linked into mainstream accountability processes.
- The publication of tools and handbooks describing various stakeholders' roles in successfully developing a culturally sensitive hospital facility.

- A national network of Aboriginal people able to effectively participate in conventional continuous improvement activities that improve the culture of hospitals and health services. This will be achieved by offering formal and appropriate training to Aboriginal community members.

Accreditation processes that emphasise the use of tools and processes that encourage cultural reform in hospitals.

D Timelines

The project milestones are as follows:

June 2007	Phase I completed
October 2008	Phase II scheduled for completion
November 2008	Phase III scheduled for completion
April 2009	Phase IV scheduled for completion
August 2009	Phase V scheduled for completion
October 2009	Phase VI scheduled for completion

E Phase III Case Studies

This phase has involved the collection of good ideas from a range of hospitals that are performing well in Aboriginal health according to the Aboriginal community.

Nomination Process:

The nomination of hospitals by the Aboriginal community across Australia was undertaken by following a thorough process. To finalise the nominations each NACCHO affiliate in each state and territory was written to and requested to nominate hospitals to be involved in this phase of the project. These letters were then followed up with phone calls to ensure that information had been received and to establish contact regarding the project. Those affiliates that still did not respond were then sent a reminder letter updating them of progress and again requesting their assistance. Further phone calls were then made to encourage involvement in the project. After this process only one state did not respond at all. From the remaining states and territories a total of 16 hospitals were nominated from 5 states and territories.

Selection Process:

Once a hospital was nominated it was then offered the opportunity to be involved as a case study site for the project. Each hospital was sent background information on the project and an Expression of Interest Questionnaire. A total of nine hospitals responded to the request and each application was assessed against the questionnaire. As part of the selection process the project team decided to select at least two metropolitan and two rural hospitals as case study sites to ensure that information gathered would cover the variety of hospital types. The decision to select a fifth hospital was made due to the strength of three of the metro applications and that each would provide valuable information for the project so all three were selected.

Case Study Sites

The five hospitals selected were St. Vincent's (Melbourne), Royal Adelaide Hospital, Goulburn Valley Health (Shepparton), Maitland Hospital (Yorke and Lower North Health Service) and the Royal Children's Hospital (Melbourne). All site visits have been completed and the project team is in the process of documenting and confirming the data collected and will begin the development of the tool, processes and guidelines shortly.

F Phase IV Aim and proposed process

Aim:

The aim of Phase IV is to trial the tools, guidelines and processes developed from the Phase III case studies in a variety of settings. Selected hospitals need to be receptive to the general principles that underpin the project and have the capacity to complement a program of reform that uses the tools, guidelines and processes.

Site Selection:

Geographic representativeness is primarily of importance because of the different policy environments in different jurisdictions. While the nature of the social context is important the primary focus of this project is on the processes that are established within each hospital. Because there is a limit of four hospitals and SA and Victoria were involved in Phase III it is proposed that trial jurisdictions for Phase IV be WA, NT, NSW (including ACT) and QLD. It is recommended that the state NACCHO affiliate and the Tasmanian DHCS be approached and if a trial is feasible then a fifth site in Tasmania should also be included. Within the four (or five) jurisdictions there are a range of characteristics that need to be considered when identifying suitable trial sites. These are:

- Executive support – willingness to engage in a comprehensive planning process.
- Strong relationship or connections to the local aboriginal community.
- Dedication of resources
- Establishment of an internal project planning and evaluation function
- An operational Quality Improvement Committee.
- A significant Aboriginal patient throughput.
- An Aboriginal person who can support the CQI process
- Capacity to work with the jurisdiction and commonwealth policy context.

The process for selecting the trial sites should in addition to the involvement of the jurisdictional NACCHO affiliate organization involve jurisdictional government representatives. Through this process it is envisaged that jurisdictional support will be attained with the potential for sponsorship of the trial site (for example the employment of the Aboriginal Continuous Quality Improvement workers) and other sites as appropriate. The overall aim of seeking this support should be to establish a sustainable reform program in all sites.

Conclusion

This project will not provide instant solutions but has the potential to set in place a process for local communities to develop strategies in partnership with the hospital in their area. This process will take time but will build the capacity of both hospital and their local communities to make a real difference in Aboriginal health and most importantly build sustainability. This project will develop concrete resources that will provide guidance on how to improve the culture of hospitals and will fit in with the national policy framework.

At this early stage there are a number of emerging themes including workforce, partnerships, quality objectives, executive and board sponsorship, clinical champions and accreditation. Each of these areas needs to be seen as part of a comprehensive policy approach that will assist hospitals in improving the health outcomes for Aboriginal communities.

As the *Improving the Culture of Hospitals* project progresses, it will produce the resources to assist hospitals in implementing continuous quality improvement practices in Aboriginal health. This focus on continuous quality improvement will ensure that any initiatives or improvements developed are not simply one off events or based on the passion of a particular individual but imbedded in each hospital's policy and practice.

There will be further newsletters outlining the progress of the project as it develops. If you require any more information or would like to arrange a round table meeting in your jurisdiction please contact John Willis the project manager on the contact details below.

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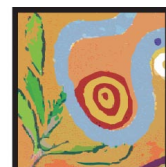
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