



# **Aboriginal and Torres Strait Islander Quality Improvement Framework and Toolkit for Hospital Staff**

Quality improvement processes, tools and guidelines to enhance the service response to Aboriginal and Torres Strait Islander people and their communities by Australian hospitals

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<http://www.svhm.org.au/aboutus/community/ICHPtoolkit/Pages/toolkit.aspx>

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## 1. Background

### Health status of Aboriginal and Torres Strait Islander people

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 Federal 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 aim of the projects that have been involved in the development of the AQIFTHS has been to contribute to closing this gap by developing a range of resources, tools and guidelines to assist hospitals across Australia tackle vital cultural reforms that can improve the effectiveness of services to Aboriginal people.

From an Australian perspective, Aboriginal people generally have higher rates of hypertension, heart disease, respiratory ailments, stroke, diabetes, cancer and renal failure. Mental health, drug dependence, violence and other indicators of social marginalisation and cultural disintegration are also of concern. Aboriginal children are more likely to be born prematurely, have lower birth weights, exhibit slower growth, have higher hospital admission rates and greater mortality in the first year of life.<sup>2</sup>

### Closing the Gap

*Closing the Gap* is a Commonwealth funded strategy which aims to reduce Aboriginal and Torres Strait Islander disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes. Endorsed by the Australian Government in March 2008, *Closing the Gap* is a formal commitment developed in response to the recommendation of the Social Justice Report 2005 to achieve Indigenous health equality within 25 years. To monitor change, the Council of Australian Governments (COAG) has set measurable targets to monitor improvements in the health and wellbeing of the Aboriginal and Torres Strait Islander population. These targets focus on health, housing, early childhood, education, economic participation, and remote service delivery. The achievement of substantial improvements in the health and wellbeing of Aboriginal and Torres Strait Islander people will depend largely on the effective implementation of these targets as they reflect some of the substantial disadvantages experienced by Aboriginal and Torres Strait Islander people.

New figures show the life expectancy for Aboriginal and Torres Strait Islanders has increased over the past five to seven years, slightly narrowing the gap compared to non-Indigenous people. The Australian Bureau of Statistics says that between 2010 and

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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> Mooney N, Bauman A, Westwood B, Kelaher B, Tibben B & Jalaludin B. (2005). A Quantitative Evaluation of Aboriginal Cultural Awareness Training in an Urban Health Service

2012, the life expectancy for Indigenous men was 69.1 years and 73.7 years for Indigenous women<sup>3</sup>. That is an increase of 1.5 years for men and half a year for women compared to the period between 2005 and 2007. ABS researcher Bjorn Jarvis says there is no one particular reason for the changes. "It brings together a whole range of different things that are happening in public health and socio-economic factors," he said. But figures still show Indigenous men will live 10.6 years less than non-Indigenous men, while Indigenous women will live 9.5 years less.

The goal of working towards achieving equality in health status and life expectancy is a huge task and all areas of government and services need to play their role. As outlined in the 'Closing the Gap' initiative one area that needs to be addressed to enable equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services. Hospital Boards and CEOs are now required to respond to this challenge, especially as many current federal and state/territory health funding agreements include requirements to improve the health of Aboriginal and Torres Strait Islander people.

So, how might hospitals in Australia respond differently and play their part in improving the health status of Aboriginal and Torres Strait Islander people? An essential starting point involves seeking feedback from Aboriginal patients and their families about their issues of concern when they attend hospitals for treatment. This feedback is crucial if hospitals are going to improve their service response to the Aboriginal and Torres Strait Islander community. There are many strategies that not only facilitate the gathering of such feedback from Aboriginal patients but also aim to achieve organisational change and improved practice based on that feedback. The Cultural Respect Framework provides a guiding principle for jurisdictions and healthcare organisations in the development of policy and healthcare services for Aboriginal and Torres Strait Islander people. The key focus of this framework is to encourage the strengthening of the relationship between the health care system and Aboriginal and Torres Strait Islander people. This framework has been used successfully by hospitals to guide their quality improvement activities and improving their relationship with their local Aboriginal community.

The Closing the Gap Clearinghouse<sup>4</sup> is a Council of Australian Governments initiative jointly funded by all Australian governments. It is being delivered by the Australian Institute of Health and Welfare in collaboration with the Australian Institute of Family Studies. The objectives of the Closing the Gap Clearinghouse are to:

- build an evidence base for what works to close the gap between Indigenous and non-Indigenous Australians for key areas of wellbeing, such as health, employment, housing, education and community safety;
- improve access by policy-makers, service providers and the general public to evidence on best practice and success factors to close the gap in Indigenous disadvantage;

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<sup>3</sup> Australian Bureau of Statistics, *Life Tables for Aboriginal and Torres Strait Islander Australians, 2010-2012* (cat. no. 3302.0.55.003).

<sup>4</sup> The Closing the Gap Clearing House can be found at <http://www.aihw.gov.au/closingthegap/>

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- rigorously assess the quality of evidence for policies and interventions aimed at closing the gap in Indigenous disadvantage;
- contribute to better coordination of research and evaluation efforts across Australia; and
- identify the gaps in the available evidence on what works in overcoming Indigenous disadvantage.

Closing the Gap Clearinghouse is different from other knowledge centers in that it is focused not on outlining the nature or extent of the problems, but on what works to overcome them. In line with this aim, the clearinghouse focuses on identifying and communicating key findings from the following types of research:

- intervention and evaluation research;
- research analysing the cost-benefit or cost-effectiveness of programs/interventions; and
- research on adapting and implementing mainstream (non-Indigenous) programs and policies in Indigenous communities.

The research made available through the clearinghouse is not necessarily limited to Australian or Indigenous-specific research and evaluations, but also draws on wider evidence that can be used to inform all phases of policy development and actions to close the gap on Indigenous disadvantage. While its primary audience is government policy-makers and service providers, the clearinghouse is also available to meet the needs of researchers and the general public.<sup>5</sup>

Access to health care is a crucial determinant of health. Health systems which are based on universal entitlement to publicly-funded services have been shown to promote equity of access (WHO 2008). In Australia, the provision of free-at-the-point-of-use public hospital services and bulk billing of General Practitioners' (GPs) services is important in assisting Indigenous access to health care. Even within universal systems, however, access is not guaranteed as other barriers such as culture, racism and non-transparent systems may impede access. Universality is hard to evaluate but is a fundamentally important aspect of promoting health equity. It is important for all Indigenous Australians to have access to appropriate documentation, for example Medicare cards, to ensure they have equal levels of access to universal health care.<sup>6</sup>

What is the latest research that examines what works in improving the accessibility of health services for Aboriginal and Torres Strait islander people? The Closing the Gap Clearing House has recently reported on this area and summarises what works and what doesn't work.<sup>7</sup>

One proven strategy for bringing about such change, which is currently mandated as part of hospital practices, is continuous quality improvement. A key advantage of this approach is that it is embedded within hospital processes rather than relying on

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<sup>5</sup> <http://www.aifs.gov.au/closingthegap/>

<sup>6</sup> Osborne K, Baum F & Brown L 2013. What works? A review of actions addressing the social and economic determinants of Indigenous health. Issues paper no. 7. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

<sup>7</sup> Ware V-A 2013. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

individual staff for its success. In the past this approach has been used primarily for technical issues such as hygiene, but it can also be adapted to play a role in improving the cultural response to the Aboriginal community.

The high level of usage of acute healthcare services, combined with poor health outcome data generally, for Aboriginal people, creates a strong argument for a culturally safe acute healthcare sector. While the health outcomes for Aboriginal people are partly attributable to a failure of social policy, there is a strong evidence base that shows that these outcomes are partly attributable to institutional failure. Scrimgeour and Scrimgeour<sup>8</sup> outline considerable evidence to suggest that acute healthcare, as it is generally provided in Australia, is not culturally appropriate to Aboriginal people. This characteristic in general, Valery et al<sup>9</sup> argues, is exemplified by data on premature discharge, different intervention rates between Aboriginal and non-Aboriginal patients, and discharge follow up rates, which are poorer for Aboriginal people.

### **Cultural Change Requires Systematic Reform**

The Cooperative Research Centre for Aboriginal Health (CRAH) and now the Lowitja Institute have strongly supported research focused on encouraging health institutions to become more receptive and responsive to, and culturally safe for, Aboriginal and Torres Strait Islander people using their services and facilities.

The two significant aims of the original *Improving the Culture of Hospitals Project* (ICHP) were to enable cultural change in hospitals to take place and to imbed this process for change within the accreditation systems for hospitals. Firstly the ICHP examined successful Aboriginal and Torres Strait Islander programs conducted by hospitals within a quality improvement framework, then using this information, explored what would support replicating and sustaining these programs across a wide range of hospital environments. By working with hospitals to start somewhere and start small, communicating with their local Aboriginal community and working closely with their Aboriginal staff, an Aboriginal quality improvement framework was developed and then trialled across Australia.

Subsequent projects that have followed the ICHP have continued to develop and refine the framework and resources known as the *Aboriginal Quality Improvement Framework and Toolkit for Hospital Staff* (AQIFTHS) as well as the *Aboriginal Quality Improvement Workbook and Training*. This increased body of knowledge also includes a growing number of successful case studies.

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<sup>8</sup> Scrimgeour M, Scrimgeour D (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>9</sup> Valery PC, Coory M, Stirling J, Green AC (2006) Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: A matched cohort study. *The Lancet* 367, (9525):1842.

## Development of an Aboriginal CQI Framework and Toolkit

In 2001 the Victorian Department of Human Services funded the *Aboriginal and Torres Strait Islander Accreditation Report* (published in the VicHealth Koori Health Research and Community Development Unit: Summary of Findings from Hospital Case Studies and Recommendations for Accreditation, 2004), a detailed analysis of the need for accurate data on Indigenous status and the connection this has with continuous quality improvement (CQI) in the hospital context. This link between data accuracy and status disclosure leads to the need to develop culturally safe services, which is closely aligned with the strength of relationships between health services and Aboriginal organisations and communities. This example led authors A/Prof Russell Renhard, Angela Clarke and A/Prof Ian Anderson to suggest that the best way to achieve this is by implementing an explicit accountability framework complimented by data collection and analysis.

Using the experience of Aboriginal people as the central reference point through the involvement of Aboriginal and Torres Strait Islander peak health organisations, the *Improving the Culture of Hospitals Project*, a six phase project, firstly designed a series of systematic case studies of hospitals with different levels of expertise in engaging with Aboriginal patients. The project undertaken by A/Prof Russell Renhard, John Willis, Alwin Chong, Gai Wilson and Angela Clarke, completed in 2010, produced a quality improvement framework with tools and processors that would assist hospitals to engage with their local Aboriginal communities and Aboriginal staff, and to equip Aboriginal Liaison Officers<sup>10</sup> (ALO's) via training, mentoring and support to enable them to take part in improving the hospitals cultural sensitivity. Hospitals involved in Phases 1-3 to develop the framework and toolkit were: St Vincent's (Melbourne), Royal Adelaide, Goulburn Valley Health (Shepparton, Vic), Maitland (Yorke Peninsular, SA) and the Royal Children's (Melbourne) hospitals. The ICHP findings were implemented as part of Phases 4-6 of the ICHP at the following hospitals: Derby (WA), Royal Brisbane and Women's (QLD), Mater (QLD) and Campbelltown (NSW) hospitals. The ICHP results indicated that hospitals considered to be successfully addressing the issues of their Aboriginal and Torres Strait Islander patients shared common characteristics (see Critical Success Factors below). The ICHP concluded with the publication of a final report, three newsletters, a referenced journal article and the development of an online toolkit.<sup>11</sup>

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<sup>10</sup> The most common Aboriginal staff role in Australian hospitals is an Aboriginal Liaison Officer who are also known as Aboriginal Hospital Liaison Officers in some jurisdictions. For the remainder of this toolkit this role will be referred to as the Aboriginal Liaison Officer or ALO. Other Aboriginal specific roles may include Aboriginal Family Support Worker, Aboriginal Education and Training Officer, Senior Aboriginal Liaison Officer etc.

<sup>11</sup> Improving Culture of Hospitals Project: Final Report, Newsletters and ICHP Timeline Poster <http://www.lowitja.org.au/improving-culture-hospitals>

## Key outcomes from the Improving Culture of Hospitals Project

The CRCAH commissioned two round table meetings during 2009 as part of the ICHP. The first brought together stakeholders from government and hospitals to discuss the findings from the ICHP and determine the next steps. The second involved representatives from the Australian Council of Healthcare Standards (ACHS) along with hospital staff to workshop additional Aboriginal specific elements to the Evaluation Quality Improvement Program (EQUIP). This meeting resulted in three Aboriginal specific elements being added to EQUIP5 in 2010 with the AQIFTHS being added as a referenced resource.

The inclusion of the AQIFTHS in EQUIP 5 at the national level then led to an invitation from the Victorian Department of Health, North Western Metropolitan Region to implement the framework at two hospitals in 2011. As part of the Closing the Health Care Gap initiatives in Victoria, St Vincent's Hospital Melbourne worked with Northern and Western hospitals to develop the *Improving Pathways to Hospital Care (IPHC)*<sup>12</sup> project that involved the implementation of the AQIFTHS at both these health services. This 12 month project aimed to: contribute to Aboriginal health quality improvement evidence base; explore and articulate the complexity of what occurs in the change process; support organisational accreditation processes; and inform the acute care sector policy context on the utility of the Aboriginal quality improvement framework and toolkit (AQIFTHS). The project involved two Aboriginal and two non-Aboriginal consultants working flexibly with each health service through a series of site visits to implement the 'Plan, Do, Example, Act' quality process. Some key findings included: reform takes time and does not come cheaply; the Aboriginal perspective is essential in this work; the AQIFTHS will enable hospitals to work towards addressing the National Safety and Quality in Health Services (NSQHS) Standards such as Governance for Safety and Quality in Health Service Organisations and Partnering with Consumers; and the critical success factors identified in the ICHP proved extremely useful for monitoring and evaluating progress and identifying issues.

One key outcome from implementing this approach has been the development of quality improvement training for key stakeholders. This has involved training ALOs, their supervisors and other key health service staff on the main quality improvement concepts, tools and processes, as well as the Aboriginal CQI Framework, AQIFTHS processes and 'Plan, Do Example, Act' cycle. The initial training package for the ICHP was developed by VACCHO. Feedback and suggested improvements and review throughout ongoing project work resulted in the *Aboriginal Quality Improvement Workbook* being developed. It includes a variety of information such as: background to CQI; types of quality improvement activities; Aboriginal and Torres Strait Islander Health Quality Improvement processes; accreditation process; key policy drivers; how to develop a quality improvement project; data collection; and examples, tips and hints. The training can be conducted over two days and includes numerous examples from other hospitals to assist staff in the development of their own projects.

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<sup>12</sup> *Improving the Pathways to Hospital Care: A Closing the Health Gap Project 2011-2012: Final Report, St Vincent's Hospital Melbourne*. See online toolkit for copy. For online summary of IPHC project please see: Closing the Gap in Aboriginal Health Outcomes Initiative: Case Example Report January 2014, Urbis, Pg 18-21. [http://docs.health.vic.gov.au/docs/doc/5D633D5F19E78950CA257C84000474D3/\\$FILE/Final\\_case\\_example\\_report.pdf](http://docs.health.vic.gov.au/docs/doc/5D633D5F19E78950CA257C84000474D3/$FILE/Final_case_example_report.pdf)

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In 2011 a Victorian Travelling Fellowship from the Victorian Quality Council, Department of Health was awarded to John Willis and Michelle Winters to travel to Canada to examine culturally sensitive acute healthcare for Aboriginal people within a quality improvement framework.<sup>13</sup> The purpose of the Victorian Travelling Fellowship Program was to increase innovation in health care quality and safety, and to improve patient care by encouraging international learning and information sharing that focuses on enhancing health care in Victoria so that it meets and exceeds community expectations. Appropriate findings from this fellowship have now been referenced in this toolkit.

### Subsequent developments

Following on from the ICHP work a project was proposed by the Centre for Aboriginal Health, NSW Ministry of Health to rigorously evaluate strategies that might improve the cultural competency of hospitals. The St Vincent's Hospital Melbourne project team (consisting of four Aboriginal and four non-Aboriginal members) were the successful tenderers for the Aboriginal Identification in Hospitals Quality Improvement Project (AIHQIP) that aims to:

1. Improve the cultural competence of staff by implementing the Aboriginal Continuous Quality Improvement Framework in 8 NSW Hospitals;
2. Increase the number of Aboriginal people identified as such in the routinely collected data of these 8 NSW hospitals.;
3. Reduce the proportion of Aboriginal patients who had an Incomplete Emergency Attendance presentation;
4. Reduce the proportion of Aboriginal patients who are admitted to hospital but Discharge Against Medical Advice; and
5. Improve hospitals capacity to meet the Australian Council on Healthcare Standards and/or National Safety and Quality Health Service Standards (NSQHSS) related to Aboriginal health.

The AIHQIP involves the implementation of eight quality improvement projects in the Emergency Departments of the eight participating hospitals. The hospitals have received funding from NSW Health to employ a part time Project Officer to implement the hospital CQI projects. They will receive guidance, support, resources and tools from the AIHQIP team. In addition, each hospital will be required to establish or build on collaborative relationships with their local Aboriginal Community Controlled Health Service or local Aboriginal organisation. The AIHQIP is guided by an Advisory Committee, including a representative from the Aboriginal Health and Medical Research Council of NSW. The project commenced in January 2012, with a draft report to be completed by July 2014.

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<sup>13</sup> For more information on the findings from this travelling fellowship please see Health Care Quality and Safety – Closing the Gap Initiative podcast at: <http://health.vic.gov.au/chi/podcasts.htm>

## Critical Success Factors

The following critical success factors were identified by the ICHP and confirmed by the IPHC project as crucial to implementing a systematic approach to improving Aboriginal health outcomes in acute health care services:

- Strong partnerships with Aboriginal communities;
- Enabling State and Federal policy environments;
- Leadership by hospital boards, CEO/General Manager and key clinical staff;
- Strategic policies within the hospital;
- Structural and resource supports; and
- Commitment to supporting the Aboriginal and Torres Strait Islander workforce.

Additional enabling factors in implementing the framework and toolkit identified through the IPHC project were:

- Access to experienced ALO's to provide mentoring and assistance;
- Orientation, support and mentoring to utilise the Aboriginal CQI Framework and Toolkit and build capacity;
- Aboriginal perspective is crucial with each step of the CQI process; and
- Aboriginal health is specifically highlighted in accreditation standards.

These findings, that were commonly found in successful hospitals, are corroborated by other research that has identified that quality improvement in the health sector is most effective when it is focused on organisational priorities; has good engagement of high level managers; the intervention is clearly formulated; the organisation is ready for change; there is a relationship of trust with practitioners; there are adequate information systems; and the external environment is supportive.<sup>14</sup>

## Accreditation is the Key

One of the strategic goals of the ICHP was to influence the national accreditation standards for hospitals regarding Aboriginal patient care and this has become a reality. Firstly under the Australian Council of Healthcare Standards (ACHS) EQUIP5 and now EQuIP National. Accreditation is a process by which hospitals are independently evaluated by external surveyors on how they address key components of care. Even though the mandatory ten National Safety and Quality Health Service Standards (NSQHSS) that were developed by the Australian Commission on Safety and Quality in Health Care and endorsed by the Australian Health Ministers in November 2010 do not have any specific mention of Aboriginal patient care, the Australian

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<sup>14</sup> Bailie R.S, Si D, O'Donoghue L & Dowden M (2007). Indigenous health: effective health services through continuous quality improvement, *Medical Journal of Australia*, 186(10):525-527.

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Council on Healthcare Standards (ACHS) in September 2012 produced an additional five complementary Evaluation and Quality Improvement Program (EQuIP) Standards in which Standard 12.1.2 states: *Guidelines are available and accessible by staff on specific health needs of self-identified Aboriginal and Torres Strait Islander consumers/patients.* The guidelines for this standard refer to the AQIFTHS as a resource to assist hospitals in addressing this standard.

## 2. Guide to Implementing the AQIFTHS

### How to use this AQIFTHS

1. Implementing the AQIFTHS has the potential to set in place a process for continuous quality improvement to achieve cultural reform in hospitals. 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 and Torres Strait Islander health including opportunities for local communities to develop strategies in partnership with the hospital in their area.
2. Undertaking this approach will not provide instant solutions but will set in place a process for hospitals and local communities to develop strategies, in partnership, to address Aboriginal health. This process will take time but will build the capacity of both the hospital and their local Aboriginal communities to make a real difference in Aboriginal health and most importantly build sustainability.
3. This framework and toolkit has been designed to provide a systematic approach to improving Aboriginal health service delivery in hospitals. To best undertake this, start at the front of the toolkit and work your way through the different Continuous Quality Improvement Process steps as outlined. Explore the resources linked to each process as they can guide you through the process step. However, should you simply want change ideas, strategies or answers to specific questions please go straight to the process step that is of particular interest and click on the resource you are interested in. It is recommended that all non-Aboriginal staff who will be involved in any project should first undertake cultural awareness training to ensure they have a basic understanding of the issues. For ideas on cultural awareness training please see Process Three.
4. The framework and toolkit is designed as an online web based tool. This printed version lists all the resources but to access these you will need to go online at <http://www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx>

## Where to begin – Some starting questions and general points

Read through the toolkit first and then consider these general questions:

### General questions

1. What other quality improvement projects has your hospital undertaken before? These projects might be known as Clinical practice improvement projects, Patient journey projects, LEAN thinking or Redesigning care projects. What can you learn from these? Who can assist you?
2. How should you start a quality improvement project focused on Aboriginal health issues, what should you focus on first?
3. Who needs to be involved? Do you have Aboriginal staff to work with?
4. Does your hospital have an agreement/partnership arrangement to work with local Aboriginal Medical Service (AMS)?
5. Do you need senior management support?
6. Do you need involvement from the Aboriginal community before you commence?
7. What is a Quality Improvement Committee (QIC)?

### Points to consider

- Normally any quality improvement project you undertake would fall within a normal quality assurance exercise but if you have any concerns please seek an opinion from your hospital ethics committee.
- The Aboriginal staff employed within your health service are a crucial starting point to provide guidance on how to go about any quality improvement project in this area.
- It should be noted that changing hospital systems is significant work and requires a range of staff from across the organisation to be successful. In this area of Aboriginal cultural sensitivity the involvement of Aboriginal staff is crucial but they are unable to undertake this work alone.
- In the first instance, ask your ALO how to approach the community and who to liaise with about quality improvement projects.
- Senior management support is essential to any Aboriginal health developments. To ensure any quality improvement project can be successfully undertaken and findings implemented, management need to be engaged at the early stages. One way to do this is to invite a senior staff member to lead any partnership/project meetings with the Aboriginal community.
- Start with a project that is clearly defined, relatively short in timeframe and manageable by your current staff team. Avoid large, complex projects, initially, to allow the relationship between your hospital and the Aboriginal community to develop.
- Always remember that hospitals are large, complex organisations with their own unique culture. The idea with this kind of quality improvement project is to break down this cultural barrier and bring about some flexibility and this will take time. Big organisations take time to change.
- The body or structures with responsibility for quality improvement in hospitals go by many different names. The term Quality Improvement Committee (QIC) is a general term that is used to represent the formal body within the hospital that

has responsibility for providing service improvement advice on major clinical governance matters to the hospital executive and Board. Aboriginal health being one of the primary health issues facing Australia means that activities and changes aimed at improving Aboriginal health should be dealt with through the principal quality improvement body of hospitals. As an initial step many hospitals create a team of staff to work on a specific Aboriginal project and connect to the QIC by inviting them to meetings. This is intended as a starting point only as the involvement of the main committee is crucial to ensure learnings are promulgated across the organisation.

## **What is Quality Improvement?**

Quality improvement is a process where the activities that are currently undertaken, are reviewed, and changes put in place to improve performance.

### Best Practice - Proactive Quality Improvement

This is about introducing new ideas, aiming for excellence, re-designing processes and benchmarking (looking at research and literature, conference presentations and comparing ourselves with other similar programs or organisations).

### Redesign Programs

In the last few years Redesign programs in hospitals have focused on reducing non value-adding activities and on increasing the quality and efficiency of care. These programs are based on Lean Thinking which is a method for organising complex production processes so as to encourage and improve flow and reduce waste. The search for “doing things better” is an ongoing process. This is clearly implied through the basic “Plan Do Example Act” (PDSA) cycle, where each action is followed by further example and action.

## **Quality Improvement Activities: Some Basics – What Usually Happens?**

### 1. Previous work

Review and reflect on previous activity: what worked well, what needs attention? Consult with Aboriginal staff including ALOs, community and patients. Identify the issues.

### 2. What information do you need?

A questionnaire, a survey, data collection? Other? Perhaps undertake a Discussion/Brainstorming session with your colleagues.

What are some of the gaps we know about?

Have we had any feedback from patients, families or community?

Can we look at any data or do an audit to see what our practice is like?

What have we noticed? Can we discuss with our Aboriginal Health Advisory Committee or local Aboriginal Health Service or Land Council?

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What are we doing already in this space? e.g. Walgan Tilly initiatives? ALO role? 48 hour follow up?

What are we doing well?

What do we think we need to do to improve linkages with community services and programs with the hospital?

How will we measure what we are doing and whether we need to improve or not?

### 3. Design the Project

Design the project – what would you like to do? Develop a plan, consult further, review findings, develop priorities, identify roles, responsibilities and timelines.

### 4. Involve/inform your hospital's Quality Unit about what you are planning

Each hospital has a Quality Unit – they can advise on how they would like you to do this.

### 5. Undertake the Quality Improvement Activity

Quality Unit representatives in your health service can support you/the team to either start up your project or they can assist if you have any difficulties. Over time you may need to notify them of any changes to your project. This could include changes to the time frames.

### 6. Evaluate the project

What have you discovered? What outcomes have you achieved? What should be done next?

### 7. Write up the Quality Project

Look at some of the templates from your health service.

### 8. Present the Outcome of your Quality Project

Share ideas and findings and raise awareness in the community and the hospital.

## **The Aboriginal and Torres Strait Islander Quality Improvement Framework and Toolkit for Hospital Staff (AQIFTHS)**

The AQIFTHS was developed by the *Improving the Culture of Hospitals* Project which examined hospitals that were performing well in the area of Aboriginal and Torres Strait Islander health. The project explored successful programs undertaken by hospitals, within a quality improvement framework, to see how this could be replicated and sustained across a wide range of hospital environments. Findings from these case studies indicated that hospitals that were considered to be successfully addressing the issues of their Aboriginal patients shared:

- strong partnerships with Aboriginal communities;
- enabling state and federal policy environments;
- leadership by hospital Boards, CEOs and clinical staff;
- strategic policies within the hospitals;

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- structural and resource supports; and
- a well-supported Aboriginal workforce.

The project developed a 9-stage continuous quality improvement cycle, which identifies a number of specific steps and actions aimed at improving the way hospitals develop culturally safe services for Aboriginal and Torres Strait Islander people, improving Aboriginal and Torres Strait Islander health.

### 3. What About Accreditation Standards?

All acute health services have to meet Accreditation Standards. Standards help organisations deliver safe and high quality care. When organisations are accredited they have been assessed as having met particular standards. An independent review process takes place to identify how well the health service is meeting set quality standards. Since January 2013 all hospitals are now being evaluated using the new National Safety and Quality Health Service Standards.

#### The National Safety and Quality Health Service (NSQHS) Standards

These were developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) and were endorsed by Australian Health Ministers in November 2010. They are:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls.

Source: <http://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/>

#### EQIP National

In September 2012 the Australian Council on Healthcare Standards (ACHS) produced an additional five complementary Evaluation and Quality Improvement Program (EQIP) Standards:

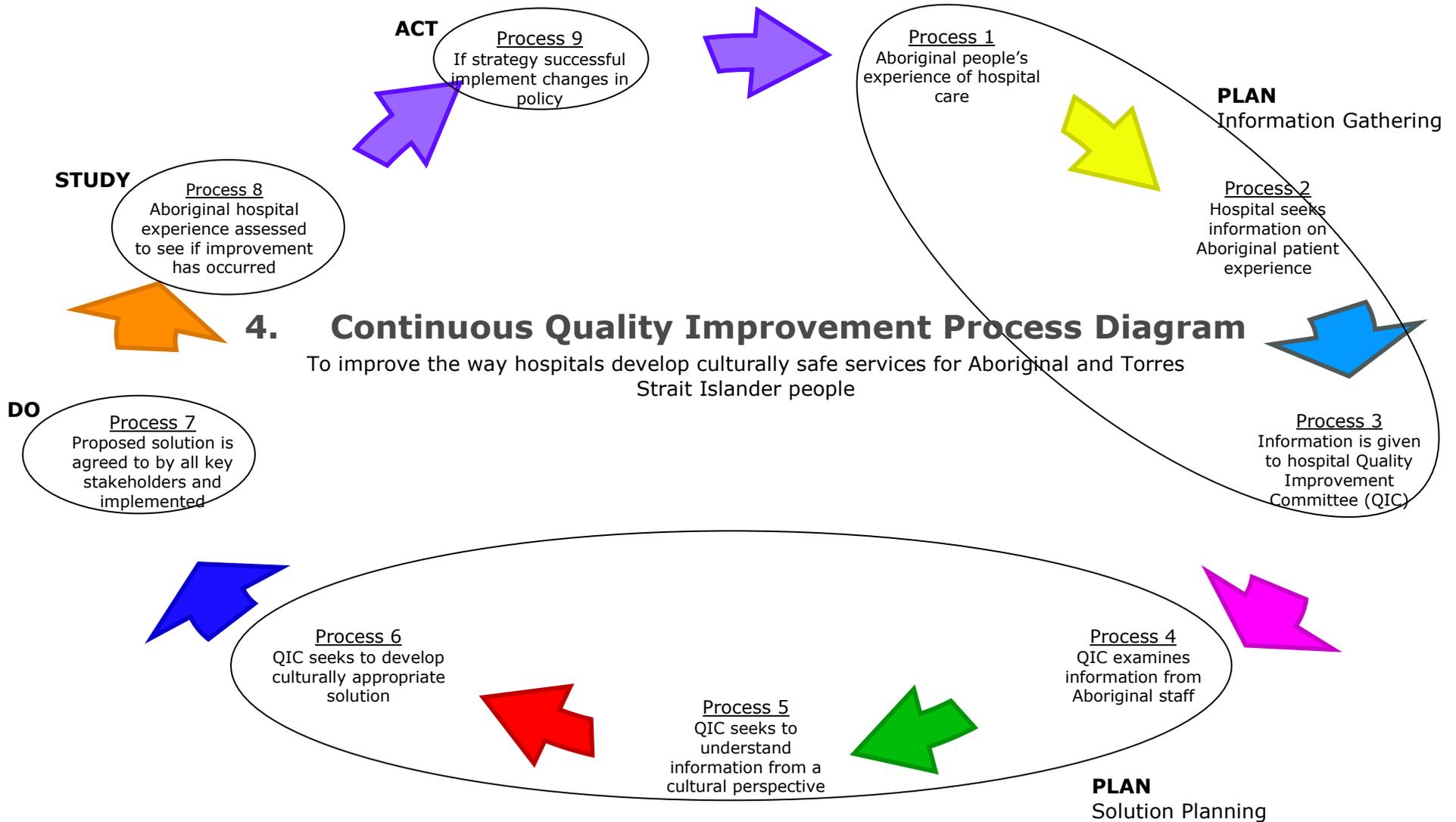
11. Service Delivery
12. Provision of Care
13. Workforce Planning and Management
14. Information Management
15. Corporate Systems and Safety

These 5 additional standards coupled with the NSQHS standards are known as EQIP National

Source: <http://www.achs.org.au/publications-resources/equipnational/>

## Aboriginal and Torres Strait Islander Patient Quality Improvement Framework and Toolkit for Hospital Staff

All actions under Standards 11 and 12 are directly relevant for Aboriginal Health in hospital settings with Standard 12.1.2 making direct reference to the *Aboriginal and Torres Strait Islander Quality Improvement Framework and Toolkit for Hospital staff (AQIFTHS)*. In particular, please review Standard 11 Action 11.6.1 and Action 11.7 and Standard 12 Action 12.1.2 and Action 12.2.2. It should be noted that implementing the AQIFTHS will assist in addressing all relevant standards in relation to Aboriginal and Torres Strait Islander health.



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## 5. Process Steps and Resources

### **Process One – Aboriginal peoples' experience of hospital care (facilitated by the AQI role<sup>15</sup>)**

#### **Checklist**

1. Establish an Executive (Senior manager) sponsor for Aboriginal health – See attached role outline
2. Develop an AQI role – See attached sample PD
3. AQI role, ALO and Supervisor(s) to attend Quality Improvement Workshop training.

#### **Key component**

Establish and train someone for the Aboriginal Quality Improvement (AQI) role.

#### **Detail**

The starting point is Aboriginal people's experience of hospital care therefore the quality improvement process also begins here. We need to gather that knowledge and experience and one way to do that is to employ an Aboriginal person in an AQI role. It is strongly recommended that this role is undertaken by an Aboriginal person but with adequate support put in place. This process step is about how hospitals with an AQI role provide the communication link between the hospital and the Aboriginal community. This role assists the hospital in seeking feedback, both informal and formal, and links this information into the quality improvement processes of the hospital. This process step includes training for the AQI role to facilitate them taking a lead in developing a partnership with the Aboriginal community and to assist in guiding a quality improvement project.

1. To effect change in Aboriginal health there is a need for clear and strong leadership to bring about the required organisational cultural change. An executive or senior manager sponsor must be identified and engaged for any quality improvement work in this area to ensure any changes that are necessary have the appropriate level of buy in and support for implementation.
2. Aboriginal people have been employed by hospitals as Aboriginal Liaison Officers (ALO) for many years and continue to play an important role in servicing the Aboriginal community. Many ALO's have been quite isolated within the hospital where they are employed and have had to take the responsibility for all things 'Aboriginal'. This toolkit, in Process 4, includes a support component as well as training in this process step to ensure Aboriginal staff can bring community and patient issues to the quality improvement committee. The AQI role is not intended to be a new position but would preferably be undertaken by existing Aboriginal staff. If the AQI role is held by a non-Aboriginal person the ALO needs to play a greater role in the process.

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<sup>15</sup> In the development of the AQIFTHS (toolkit) we referred to an Aboriginal Continuous Quality Improvement (ACQI) role however in practice most hospital staff and committees have used the shortened version Aboriginal Quality Improvement role (AQI). Therefore the ACQI role will be referred to as the AQI role.

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- Hospitals will identify key Aboriginal and non-Aboriginal staff to undertake continuous quality improvement (CQI) training. The Aboriginal Quality Improvement Workshop training, developed and refined over several projects, will assist Aboriginal staff to view the work they currently undertake within a quality improvement framework and provide the language for them to engage with quality and safety staff. The training also covers the general question of how and what type of information is collected which captures Aboriginal people’s experience of hospital services.

**Questions to consider for this step**

- What is the AQI role? Is it a new position, how does it vary from an ALO role?
- What CQI training is available, who should go and what qualifications/skills are required to undertake the training?
- What and how will support for the AQI role be provided?

	Area	Resource	Summary
1	Executive sponsor	<i>a) Guideline</i>	The guideline was developed to assist in outlining the role of the Executive sponsor for Aboriginal health.
2	Development of Aboriginal Quality Improvement (AQI) role	<i>a) Sharing patient stories</i>	This report undertaken in Arnhem Land looks at the patient experience of renal care with a focus on communication issues.
		<i>b) The experiences of patients and their carers</i>	This Managing Two Worlds Together (Report 3) details the experience of Aboriginal patients and carers of hospital care. <a href="http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/Study%203_WEB.pdf">http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/Study%203_WEB.pdf</a>
		<i>c) Trained and supported Aboriginal health professionals</i>	Support and increase numbers of Aboriginal health trained staff. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs.6-7)
		<i>d) Career resources guide for the</i>	Career Pathing project in Saskatchewan provides a comprehensive career resource for Aboriginal health staff. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples

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		<i>Aboriginal health workforce</i>	from Canadian health services. (pg. 32)
		<i>e) Aboriginal students experience of hospital care</i>	The Pan Am Centre in Winnipeg trains Aboriginal students in health service delivery. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (pg. 6)
		<i>f) Guideline to AQI role</i>	Outlines the skills required to undertake Aboriginal Quality Improvement role and need for the role to be undertaken by an Aboriginal staff member.
		<i>g) Draft PD for AQI role</i>	The draft PD outlines in more detail the task required to be undertaken by the AQI role.
		<i>h) Snap Shots - Information for non-Aboriginal hospital staff</i>	This section provides Snap Shots for non-Aboriginal staff on how to involve Aboriginal staff in the quality improvement process.
3	Quality Improvement Workshop training	<i>a) Training workshop summary</i>	This training program was initially developed as part of the ICHP and has been reviewed and improved through subsequent projects using participant feedback. This training provides Aboriginal staff with the information and knowledge to engage in the quality improvement process.

## **Process Two – Hospital seeks information about the Aboriginal patient/family experience**

### **Checklist**

1. Establish hospital Quality Improvement Committee (QIC) – Include Aboriginal community representatives
2. Engage the Aboriginal community and build relationships
3. Gather Aboriginal patient experience and information

### **Key component**

Build and develop relationships with the Aboriginal community to give Aboriginal people a voice in the hospital CQI process.

### **Detail**

1. When establishing an Aboriginal quality improvement committee it is important that the right people are involved. Consider carefully who should be invited. It is also important to clarify accountability of the group within the hospital committee system. Ideally, the committee would formally report to the hospital wide quality improvement committee (ie. as a subcommittee) but it may be a working group established to progress the change that is required with the Executive sponsor (senior manager) reporting to the hospital executive. This committee should also involve Aboriginal staff, ideally the ALO(s), and other staff as appropriate but should also consider inviting Aboriginal community members or staff from Aboriginal community organisations. Even though a lot of information is provided to the AQI officer by community members it is still important to have community members present to discuss directly with hospital staff.
2. The reason why a hospital should develop a relationship with the Aboriginal community in its local area is so they can hear directly from Aboriginal patients and their families about how they feel about the hospital and then hopefully do something about it. Developing a relationship sounds simple but often is a complex process and takes time. In the context of Aboriginal quality improvement it is also crucial to work with the Aboriginal community to explain how the continuous quality improvement process works within the hospital and why it is important for the Aboriginal community to be involved. The methods for this are not prescribed as this is a decision of the local community. It might occur, for example, through traditional community collection methods or it may occur through local Aboriginal organisations that collect quantitative data on Aboriginal experiences. This quote by an ALO emphasises the importance of the Aboriginal community in identifying issues of importance:  

Hospitals and Aboriginal communities need to sit around a table and talk more about what the local health issues are and how they are going to be fixed. When we all work together a lot can be achieved but it is important that hospitals understand how the community works. Community control is essential in working together successfully and Aboriginal people know better than anyone how it should work to benefit our people. Being guided by the local Aboriginal community/organisations is important if hospitals want to contribute to our health and wellbeing (Jemmes Handy, Aboriginal Hospital Liaison Officer, Mildura Hospital).
3. Gathering information on Aboriginal patient experience of hospital care may involve consultation with community, patient surveys, patient journeys and so on. Although it is important to get Aboriginal patient and community feedback, it is also

critical to look at hospital data. This data can be obtained from the relevant state government department but it is important in a CQI process to establish a regular collection and reporting of relevant data at the hospital level so that any improvement activities can be assessed over time to see if they are effective. This can also establish an awareness in the hospital that Aboriginal patient care can, in part, be assessed by the examination of hospital data, for example rates of 'Left with Incomplete Treatment'/'Discharge Against Medical Advice'/'Incomplete Emergency Assessment'. Hospital data may also be gathered in the form of a cultural audit.

**Questions to consider for this step**

- a) How should you go about working with local Aboriginal health organisations?
- b) What is different about this feedback process compared to what already exists with ALO's?
- c) What resources would be useful to improve the connection between the hospital and the Aboriginal community?

	Area	Resource	Summary
1	Establishing a hospital quality improvement committee	a) <i>Sample terms of reference</i>	This is an example of draft terms of reference for an Aboriginal quality improvement committee at a hospital including a sample membership list and accountability indicators.
		b) <i>Snap shots – Northern and Western Hospitals</i>	These are two examples of working groups established at Western and Northern Hospitals as part of the Improving Pathways to Hospital Care project. See pgs 17+19 of Final report.
2	Developing relationships with Aboriginal organisations	a) <i>Case example - Goulburn Valley Health</i>	This example shows how the relationship is central to all Aboriginal developments at the hospital.
		b) <i>Good example of sustainable partnership being grounded in a</i>	In Toronto Canada the relationship between the St Michaels Hospital and the local Aboriginal health service (Anishnawbe Health Toronto) which was very effective particularly in sharing patient information. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs.7

		<i>practical action/link</i>	and 14)
		<i>c) Developing sustainable link between a hospital and university</i>	Winnipeg Regional Health Service and University of Manitoba, Winnipeg have worked collaboratively on research, policy and service delivery resulting in effective outcomes. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs.6)
		<i>d) Sustainable partnership with the Aboriginal community</i>	The Pan Am Clinic has developed a realistic and practical relationship with the Aboriginal community to develop its programs. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs.8)
		<i>e) Peak Aboriginal organisations</i>	Guideline outlining role of peak Aboriginal organisations.
		<i>f) Victorian Aboriginal Community Control Health Organisation guidelines</i>	Section from the Improving Care for Aboriginal and Torres Strait Islander Patients Resource Kit (Victorian government program).
		<i>g) Building better partnerships</i>	This communication guide provides a starting point on the development of partnerships with Aboriginal communities and organisations.
		<i>h) Case Example – Royal</i>	This case example outlines the Aboriginal Women’s Health Associates program that provides a link between the Aboriginal community and the hospital.

		<i>Women's Hospital</i>	
3	Gathering information	<i>a) Case example - Maitland Hospital</i>	This case example emphasises the value of feedback and how it has changed the culture of the organisation.
		<i>b) Gaining access to Aboriginal specific hospital data</i>	This report provides hospitalisation data for the different health conditions. This can be useful to compare to your hospital data. This example of the hospital data collected in Victoria highlights Aboriginal hospital data down to a regional level. This report also includes qualitative reports on the progress hospitals are making in improving their services for Aboriginal and Torres Strait Islander patients. Please see: <a href="http://www.health.vic.gov.au/koori/icap">www.health.vic.gov.au/koori/icap</a> For the remainder of the jurisdictions please contact the local health department for more information.
		<i>c) Patient Journey mapping tool</i>	This Managing Two Worlds Together Report (Stage 2) assists health services in examining the patient journey in detail including before, during and after hospital care. <a href="http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/M2W%20Stage%202-5.pdf">http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/M2W%20Stage%202-5.pdf</a>
		<i>d) Patient survey</i>	An information sheet outlining the dimensions of patient centred care for non-Aboriginal patients.
		<i>e) Patient feedback toolkit</i>	This is a mainstream toolkit for gathering patient feedback that some hospitals have found useful in providing a starting point with Aboriginal patients.
		<i>f) Cultural audit</i>	This audit can be useful to be applied to a certain team within the hospital. For example, all staff in an Emergency Department may be audited and this information can then be used to guide improvement activities.
		<i>g) Consulting with</i>	This is the National Health and Medical Research Council (NHMRC) guidelines entitled Values and Ethics: Guidelines for

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		<i>community – National Guidelines</i>	Ethical Conduct in Aboriginal and Torres Strait Islander Health Research <a href="http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/e52.pdf">http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/e52.pdf</a>
4	Explaining feedback process to community	<i>a) Presentation</i>	PowerPoint slides for Aboriginal staff in the hospital to assist in explaining process to staff at the local Aboriginal Medical Service.
		<i>b) Guideline</i>	Guideline outlining options for hospitals to gather information via the Aboriginal Quality Improvement role.

## **Process Three – Cultural information is given to the hospital Quality Improvement Committee (QIC)<sup>16</sup>**

### **Checklist**

1. AQI role prepares an appropriate cultural awareness package for the QIC
2. Understanding of and providing support to the AQI role

### **Key component**

That non-Aboriginal staff gain an awareness of the unique pressures associated with undertaking the AQI or an ALO role. That Aboriginal cultural information including community feedback and hospital data is given to people who are culturally aware and that staff are aware of the impact of a lack of culturally appropriate care.

### **Detail**

1. To ensure that all mainstream staff who become involved in Aboriginal health and become part of any QIC/working group are culturally safe to work with, each member needs to undertake some cultural awareness training. This may vary depending on what is available within the hospital/local community/through the ALOs. Some hospitals have a range of internally facilitated cultural awareness workshops, others purchase in external facilitators and other hospitals have arranged for key staff to attend conferences/visit agencies to broaden their understanding of the issues. Some areas to consider when coordinating an education package for the hospital QIC members may include:
  - a. cultural awareness training;
  - b. the impact of a lack of cultural awareness on Aboriginal health outcomes; and
  - c. the value of data of different types from an Aboriginal cultural perspective and understanding how this feedback is useful for developing a systemic approach to improving cultural sensitivity.
2. Many non-Aboriginal staff have not worked closely with their Aboriginal colleagues within the hospital setting and are unaware of the pressures associated with carrying out this role. ALO's have different areas of responsibility including work required by the hospital they work for but also cultural responsibilities to the community they are a part of. Understanding how to provide culturally appropriate support for Aboriginal staff is fundamental to ensuring a hospital can make long-term sustainable change in the area of Aboriginal health. This process step includes information on how to appropriately support Aboriginal staff and the responsibilities that Aboriginal and non-Aboriginal staff have in this process.

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<sup>16</sup> The hospital Quality Improvement Committee (QIC) may have different names and responsibilities within each hospital. This committee may be a Working Group or Advisory Committee but the important emphasis is there is a group that is meeting that is solely focused on improving Aboriginal health using a CQI approach.

**Questions to consider for this step**

- a) Is there any specific local, regional or state information that should be included in any cultural awareness training or information for mainstream staff? What has been the experience from other hospitals?
- a) Are you aware of the unique pressures associated with being an Aboriginal staff member within the hospital environment?
- b) What might a support plan look like and what process should be used to develop it?

	Area	Resource	Summary
1	Cultural awareness training	a) <i>Tips and examples</i>	Comments from Victorian hospitals.
		b) <i>Outline of a training package</i>	Outline of DHS (Vic) Cultural Awareness Training package for community health staff.
		c) <i>Cultural Respect Program</i>	This article provides the background and an overview to the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), Cultural Respect Program that is under development.
		d) <i>Sample module</i>	Cross cultural awareness training: a sample module.
		e) <i>Cultural safety Training</i>	These are two examples of freely available online cultural awareness training developed by two national peak health organisations. <a href="http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/cultural-awareness/">http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/cultural-awareness/</a>  <a href="http://acem.moodle.com.au/course/view.php?id=357&amp;section=1">http://acem.moodle.com.au/course/view.php?id=357&amp;section=1</a>
		f) <i>Cultural Security</i>	The Northern Territory Aboriginal Cultural Security policy outlines the key concepts and implementation issues for taking a cultural security approach to health system reform.

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	Area	Resource	Summary
		<i>g) Terminology</i>	This is a guide developed by NSW Health to communicating positively with Aboriginal people.
2	Understanding the role and the sensitivities that the AQI role must work within	<i>a) Background</i>	Quote from an Aboriginal Hospital Liaison Officer outlining the role.
		<i>b) Case Example – St.Vincent’s Hospital</i>	This case example is from the perspective of a non-Aboriginal staff member shadowing an Aboriginal Hospital Liaison Officer for a day.
		<i>c) Guidelines for Quality Improvement Committee members</i>	This guideline will provide points that need to be considered by non-Aboriginal staff.
		<i>d) Resource kit for health services</i>	The Improving Care for Aboriginal and Torres Strait Islander Patients resource kit has a number of resources for managers of Aboriginal programs in hospitals.
3	Support for Aboriginal staff	<i>a) General guideline</i>	How to go about establishing support for Aboriginal staff.
		<i>b) Role statement for committee</i>	What is the role for the quality improvement committee in this area?
		<i>c) Role statement for Aboriginal staff</i>	What is the role for Aboriginal staff?

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	Area	Resource	Summary
		<i>d) Support plan for Aboriginal staff</i>	Points to consider when developing a support plan for Aboriginal staff.
		<i>e) Supervisors perspective on supporting Aboriginal staff</i>	This information is provided by supervisors of Aboriginal staff outlining their experience of the challenges facing Aboriginal staff in hospitals and the support required to maintain their roles.
		<i>f) Published resources</i>	Other resources that highlight how to create positive working environments for Aboriginal staff.
4	Capacity development	<i>a) Human Resources guideline for Aboriginal staff</i>	Guideline includes training and professional development ideas for Aboriginal staff. ALOs should be part of normal human resource strategies and encouraged to participate.
		<i>b) Sustaining contact/education with local Aboriginal community</i>	The Pan Am Clinic in Winnipeg Canada developed an education program in response to concern about the shortage of health workers as well as Aboriginal health workers. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs. 19-20)
		<i>c) Working closely with the Aboriginal community</i>	The collaboration shown in Winnipeg between policy makers, researchers and hospital staff in the area of Aboriginal health has some lessons for Australia. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs. 8)

## **Process Four – Quality Improvement Committee examines information from Aboriginal staff**

### **Checklist**

1. Understand and explore feedback from data gathered through engagement with the Aboriginal community
2. Examination of Aboriginal patient hospital data
3. Understand and explore Aboriginal patient stories and experiences

### **Key component**

That gathering data from different sources is important in understanding the complete story.

### **Detail**

1. Gathering feedback from the Aboriginal community is crucial to understanding their concerns and then generating culturally appropriate solutions. This may be done in various ways but must include feedback from Aboriginal staff including ALOs. Feedback may include consulting Aboriginal community health services/organisations and gathering some formal feedback on their views of hospital care. This may be focused on a specific area, for example, cardiac services, social work or emergency, or it may be hospital wide. It may also include conversations with individual community members or staff on their experiences.
2. Examination of hospital data on Aboriginal patient presentations is important but there are several areas of concern in relation to it. The data may not be the complete picture as not all Aboriginal people are correctly identified and improving accuracy may be a good first step. Also the data initially collected may not be sufficient so discussion by the QIC on what additional data may be required is another important step. It is also useful to identify what regular data should be collected to ensure an ongoing continuous quality improvement process is put in place.
3. Patient stories and experiences must be explored and understood as they are the most important component. They can also be supplemented by undertaking a file audit. There is a need to dig deeper beyond the numbers and examine the experiences of Aboriginal patients.

### **Questions to consider for this step**

- a) How will we ensure that the Aboriginal perspective is understood by the QIC/working group?
- b) How might we establish a baseline so that any improvements can be measured?
- c) As hospital data is collated how do we consider what regular data would be useful to collate and present to the QIC on a regular basis?

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	Area	Resource	Summary
1	Understanding and exploring Aboriginal community feedback	a) <i>Example</i>	Brief example that outlines that Aboriginal people need to lead the discussion on collected data.
		b) <i>Understanding Aboriginal community feedback</i>	This report from Onemda provides a great example of how to work closely with the community. <a href="http://onemda.insights4.net.au/sites/default/files/docs/Decade%20report.pdf">http://onemda.insights4.net.au/sites/default/files/docs/Decade report.pdf</a> <a href="http://www.onemda.unimelb.edu.au/sites/default/files/docs/VicAboriginalEthicsProjectReport.pdf">http://www.onemda.unimelb.edu.au/sites/default/files/docs/VicAboriginalEthicsProjectReport.pdf</a>
2	Hospital data	a) <i>Case Example – Melbourne Health</i>	Assessment of Aboriginal patient data with view to plan Aboriginal program.
		b) <i>Case Example – St. Vincent’s Hospital</i>	Aboriginal health balanced scorecard based on EQUIP 4 areas.
3	Patient feedback	a) <i>Complex Aboriginal country patient journeys</i>	This Managing Two Worlds Together (Study 4) details the complex patient journey for country Aboriginal patients. <a href="http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/Study%204_WEB.pdf">http://www.flinders.edu.au/medicine/fms/sites/health_care_management/mtwt/documents/Study%204_WEB.pdf</a>
		b) <i>Patient Journey Examples</i>	These other examples also highlight the complexity of the Aboriginal patient journey.

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4	Impact of a lack of cultural sensitivity on Aboriginal health outcomes	a) <i>Background information</i>	Summary of Findings from Hospital Case Studies and Recommendations for Accreditation 2004.
		b) <i>Case example - Royal Children's Hospital, Melbourne</i>	'Respect my ways' outlines the inappropriate response by medical staff to an Aboriginal patient.
		c) <i>Case example – Maitland Hospital</i>	An example of how a hospital has responded to a lack of cultural sensitivity.
		d) <i>Examples in published articles</i>	A couple of articles are included that highlight the impact of not taking a culturally sensitive approach and solutions undertaken to resolve issue.
		e) <i>Healthcare access issues for Aboriginal people</i>	This report examines the issues related to health care access for Aboriginal and Torres Strait islander people living in urban areas.

**Process Five - Quality Improvement Committee seeks to understand the experience from a cultural perspective**

**Checklist**

1. Aboriginal people (members or community people) explain the consultation findings

**Key component**

That hospital staff listen to and seek to understand the views of Aboriginal patients, community members and staff on their experiences of hospital care.

**Detail**

1. The QIC needs to seek cultural advice and this may include knowledge from the current Aboriginal staff at the hospital but should also involve the advice from the CEO of the local Aboriginal community controlled health organisation/service and/or Elders and community members. This is in acknowledgement that Aboriginal staff may be limited in what they can say. Doctors and nurses with Aboriginal cultural experience should also be utilised in this process. The issue/s in question may be viewed from different perspectives with the focus of this part of the process being to look at the issue/s from an Aboriginal cultural context. This process step includes guidelines and case examples that highlight the importance of a cultural perspective. The same issue may be viewed quite differently from an Aboriginal perspective.

**Questions to consider for this step**

- a) What options does the Quality Improvement Committee have to further develop its understanding of the nature of the problem?
- b) What can the Aboriginal members of the QIC working group play?
- c) Did the process of gaining cultural feedback make sense?
- d) Was the justification outlining why this is necessary outlined clearly enough?

	Area	Resource	Summary
1	Cultural feedback	<i>a) Guideline</i>	Elders and community members providing feedback acknowledge that staff maybe limited in what they can say.
		<i>b) Case example – Royal Adelaide Hospital</i>	This example highlights the positive changes that occurred when non-Aboriginal staff start to ask for advice regarding cultural issues and also notice the benefits.

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		<i>c) Case example – Goulburn Valley Health</i>	The case example highlights the formal partnership developed between a hospital and the local Aboriginal medical service.
2	Value of data of different types from an Aboriginal cultural perspective	<i>a) Cultural framework to guide data analysis</i>	This framework outlines the importance of viewing data from an Aboriginal cultural perspective and understanding feedback as useful for developing a systemic approach to improving cultural sensitivity.
		<i>b) Case Example – St. Vincent’s Hospital</i>	Identification training package developed to improve accuracy of Aboriginal patient data.
3	Training	<i>a) Workshop training program</i>	Training for AQI role to assist in engaging in this process. This training program was initially developed as part of the ICHP and has been reviewed and improved through subsequent projects using participant feedback. This training provides Aboriginal staff with the information and knowledge to engage in the quality improvement process.

**Process Six - Quality Improvement Committee seeks to develop a solution that is culturally appropriate and/or improves cultural safety**

**Checklist**

1. Ensure that issues are well defined utilising a through process
2. Solution creation is undertaking involving Aboriginal staff

**Key component**

That issues and problems are thoroughly explored before moving onto identifying solutions.

**Detail**

1. There are many resources available to assist in defining problems and creating solutions. The resources included in this section provide a summary of the key areas. The key component is to involve the Aboriginal community in this stage to ensure that the problem is analysed from an Aboriginal perspective and a culturally appropriate solution can be designed. Working with the AQI role to further understand what solutions might be appropriate is also necessary. This step is one of the most important in a CQI process and is often over looked. Projects that jump to the solution phase before the problem has been sufficiently analysed often result in ineffective initiatives being implemented. It is crucial that key stakeholders from the Aboriginal community are involved from the very beginning of the process and are not simply asked to endorse a solution. One effective way to ensure Aboriginal community involvement is to allow plenty of time to engage and to not rush this part of the process. What may be a key focus for the hospital (where a problem has been identified internally) may not be the same for the Aboriginal community.
2. When discussing solutions, be prepared to be flexible and allow other issues to be raised. The hospital should note the range of issues of concern and make a commitment to explore solutions over time, working with the Aboriginal community. Some solutions may be educational, some may involve system and/or policy redesign. Another useful option to consider is having meetings at the local Aboriginal organisation and not always at the hospital.

**Questions to consider for this step**

- a) What tools are available to assist in defining and analysing the problem, then creating a solution?
- b) How are you involving the Aboriginal community in the analysis of the problem identified?
- c) What steps can you undertake to ensure that a solution is not created before the problem has been analysed thoroughly?

	Area	Resource	Summary
1	Problem definition	a) <i>Cause and Effect</i>	This tool can assist in logically analysing a specific problem by identifying root causes and ensuring common

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		<i>Diagrams (Fishbone)</i>	understanding of the causes.
		<i>b) Process Mapping</i>	This guideline provides information about Process Mapping and how it can be used within a quality framework.
		<i>c) Brainstorming</i>	Step by step guide to assist in defining a problem using brainstorming.
		<i>d) Case example - QI Fishbone Northern Health</i>	These are two example fishbone diagrams developed at Western and Northern Hospitals as part of the Improving Pathways to Hospital Care project. See pgs 16+18 of Final report.
2	Solution creation	<i>a) Creativity checklist</i>	Ideas to consider to ensure the best solution is created.
		<i>b) Aboriginal Health Impact statement</i>	This guideline is provided by NSW Health to its staff to ensure that the interests of Aboriginal patients are considered when looking at any new initiative.

**Process Seven - Proposed solution is agreed to by all key stakeholders and problem solving strategy is implemented**

**Checklist**

1. Action plan is developed
2. Final report is produced at the conclusion of the project outlining actions undertaken and changes implemented

**Key component**

Development of an action plan with those responsible for each step identified and agreement sought to undertake tasks required.

**Detail**

1. The solution that is developed to address an issue should be locally driven and agreed to. The case examples provided in this section are to provide ideas on what type of responses have been developed elsewhere but do not mandate a particular solution. An identified solution to address an issue is agreed to be trialled by hospital staff, management, Aboriginal community and government where relevant. The proposed solution is often outlined in a project or action plan where each component of the project is identified, along with the person responsible for undertaking that task and the time period for it to be completed. This process includes examples of action plans developed by hospitals to respond to cultural issues and also how this plan links to Commonwealth Government policy.
2. At the end of the quality improvement process a final report is developed to outline what was planned and then implemented as part of the project.

**Questions to consider for this step**

- a) Is the proposed solution and action plan achievable and realistic?
- b) Has the proposed solution been presented to all relevant people within the hospital system for approval?
- c) Has the view and agreement of the Aboriginal community been sought in regards to the proposed solution?
- d) How does the proposed solution reflect the hospital’s strategic directions and/or regional, state, nations goals for Aboriginal health?

	Area	Resource	Summary
1	Action plan development	a) <i>Sample action plan</i>	This is a sample action plan for a hospital quality improvement project.
		b) <i>Implementing a solution guided by</i>	The Pan Am Centre in Winnipeg Canada developed an outstanding program of a specialist physician establishing an initiative in his medical service in collaboration with others including the Aboriginal community to form a clinical training

		<i>the Aboriginal community</i>	program for Aboriginal high school students. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs. 6, 19 and 20)
		<i>c) Case example – Royal Adelaide Hospital</i>	The Royal Adelaide Hospital Action Plan, which is aligned to the Cultural Respect Framework, highlights specific short term goals with identifying accountability to CEO with support from Quality and Safety Manager.
		<i>d) Case example – St. Vincent’s Hospital</i>	Communication tool developed to tackle inappropriate discharge of Aboriginal patients.
		<i>e) Case example – Goulburn Valley Health</i>	GVH Taskforce Health Outcomes Partnership Agreement.
		<i>f) Case Example – Maitland</i>	Hospital management process including priority setting.
		<i>g) Project planning guidelines</i>	This guideline provides advice on how to plan a project including some of the key steps to undertake to ensure Aboriginal input during the process.
2	Final report completed	<i>a) Case examples – Northern and Western Hospitals</i>	These two examples developed at Western and Northern Hospitals as part of the Improving Pathways to Hospital Care project. See pgs 35-39 & 40-42 of final report.

**Process Eight - Hospital experience of Aboriginal patients is assessed again to see if improvement has occurred**

**Checklist**

1. Review effectiveness of the solution that was implemented
2. Ensure Aboriginal community members and Aboriginal hospital staff are consulted on their views on effectiveness

**Key component**

Review the outcome of the implementation strategy undertaken.

**Detail**

1. This process step is one of the most important, as many projects do not necessarily bring about the change that was anticipated. This does not mean that no learnings can be derived from the initiative. Important learnings are likely, and the initiative may provide an opportunity for all parties to develop greater trust in working in partnership for future initiatives. Also, it can be perceived from a hospital perspective that beneficial change has occurred but without consulting with Aboriginal people any improvements are unlikely to be sustainable. This process has similar components to Process 2 but focuses on a review of the intervention undertaken.
2. Traditional approaches to gaining consumer feedback are often ineffective when approaching Aboriginal community members and it is important to involve Aboriginal hospital staff (ALOs) in the process for it to be effective.

**Questions to consider for this step**

- a) How do you know the solution you implemented has worked?
- b) If unsuccessful have there been any positive outcomes?
- c) How to present data to the Aboriginal community?

	Area	Resource	Summary
1	Review of performance	a) <i>Case example – Royal Adelaide Hospital</i>	The Royal Adelaide Hospital protocols and procedures project – Mapping the Journey report is a review by the Safety and Quality Unit.
		b) <i>Review of effectiveness</i>	The Pan Am Centre in Winnipeg Canada developed a medical education program for high school students and undertook a rigorous evaluation process to assess effectiveness. Example from Victorian Travelling Fellowship Report: Quality improvement in Aboriginal health – Good practice examples from Canadian health services. (Pgs. 6, 19 and 20)

2	Consumer satisfaction	<i>a) Guideline</i>	This guideline will provide some points to consider when collecting and assessing Aboriginal patient satisfaction.
		<i>b) Presentation</i>	Sample presentation for Aboriginal staff to give feedback to Aboriginal organisations.
		<i>c) Sample report</i>	Sample report of a patient evaluation report in South Australia focusing on Aboriginal and Torres Strait Islander hospital patients.
		<i>d) Strategies to improve communication</i>	Outcomes from a example that evaluated strategies to improve communication between Aboriginal patients and health staff.
3	Training	<i>a) Workshop training program</i>	This training program was initially developed as part of the Improving the Culture of Hospitals Project (ICHP) and has been reviewed and improved through subsequent projects using participant feedback. This training provides Aboriginal staff with the information and knowledge to engage in the quality improvement process.

## **Process Nine - If strategy/solution is successful, implement changes in policy**

### **Checklist**

1. Ensure that successful solutions are documented and implemented into hospital policies and/or procedures
2. Education process for the health service boards and/or hospital executive on the nature of changes that assist with improving cultural sensitivity

### **Key component**

To ensure that successful solutions are implemented in hospital policy and/or procedures to ensure sustainability and that they have a life beyond individual staff members.

### **Detail**

1. The successful strategy needs to be formally endorsed by hospital management through the creation of new policies and/or procedures. This outcome also needs to be acknowledged and celebrated both within the hospital and the Aboriginal community.
2. Information for hospital board members includes providing the whole toolkit as background, and a separate sample presentation has been provided as well. Other elements in this process step include a brief case example that highlights the training undertaken by board members to assist them in supporting Aboriginal health policy developments within their hospital. Examples of the complete quality improvement cycle are also provided. It should be noted that detailed case studies of hospitals implementing this toolkit are still being developed and requires further research.

### **Questions to consider for this step**

- a) What is the connection between cultural sensitivity and health outcomes?
- b) How might outcomes from Aboriginal-specific quality improvement projects be implemented into hospital policy?
- c) How have other hospitals undertaken Aboriginal focused quality improvement projects?

	Area	Resource	Summary
1	Examples of the complete quality improvement cycle	a) <i>Improving the patient journey</i>	The Improving the Patient Journey report provides an example of the complete quality improvement cycle focusing on remote Aboriginal cardiac patient care.
		b) <i>Gaining patient feedback</i>	An example of a project plan and PDSA cycle generated out of the <i>Improving the Culture of Hospitals</i> project developed by Derby Hospital WA.

		<i>c) Falls education package</i>	This poster provides a clear example of the PDSA cycle focusing on falls prevention.
2	Board of management and/or hospital executive training	<i>a) Presentation</i>	Highlights connection between cultural sensitivity and health outcomes for Aboriginal people and the clinical governance implications of this.
		<i>b) Key elements of good clinical governance</i>	The attached report provides a review of the clinical governance literature and identifies key elements of good clinical governance with a focus on the Board role, suggests governance roles at other levels of the health system and provides a Board self-evaluation tool.
		<i>c) Case example – Maitland Hospital</i>	This case example highlights options for board training and how training board members was a key focus.
3	Policy framework	<i>a) Hospital policy template to guide policy development</i>	The Mater Health Services policy management guideline provides advice on developing policies and guidelines.

## 6. References

Most of the references included throughout this toolkit can be found under each of the process steps.

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