Lighthouse Hospital Project – Shining light on improvement science to facilitate better outcomes for Aboriginal and Torres Strait Islander people with heart disease

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Lighthouse Hospital Project

Background

- Initiative of the Heart Foundation and the Australian Healthcare and Hospitals Association
- Funded by the Australian Government
- Quality improvement (QI) approach to develop and promote culturally safe hospital care for Aboriginal and Torres Strait Islander peoples with coronary heart disease (CHD)
- Clinically appropriate care provided in a culturally safe manner
- Improves the patient journey across the care continuum
- Relevant to local needs
- Hospital teams supported to develop a strong platform of QI skills
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Background

Aboriginal and Torres Strait Islanders are:

• 2 times as likely to have CHD
• 2.4 times as likely to be hospitalised for CHD
• 1.6 times as likely to die from CHD
• Experiencing CHD at younger ages
• In the 35-44 age group
  • 4.7 times as likely to report having CHD
  • 7 times as likely to be hospitalised for CHD

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Background

Coronary procedures less likely for Aboriginal and Torres Strait Islander hospital patients:

- Between July 2010 – June 2012:
  - Less than one third (32%) of Indigenous hospitalisations involved angiography compared to one half (52%) of non-Indigenous hospitalisations after adjusting for age
  - Almost half as many involved PCI (13% compared to 24%) procedures

AIHW 2014, CHD and COPD in Indigenous Australians, Cat. No. IHW 126
Lighthouse Hospital Project

Background

Aboriginal and Torres Strait Islanders more likely to leave hospital without completing treatment

• More likely to re-present to emergency departments and die within two years of their hospital visit

Australian Health Ministers’ Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra
Lighthouse Hospital Project

Background

Contributing factors include:
- Institutionalised racism
- A lack of cultural safety
- Language barriers
- Family and social obligations
- Isolation and loneliness
- Distrust of the health system
- Miscommunication
- Poor understanding about treatment received
- Often believe treatment completed

Australian Health Ministers’ Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra
Lighthouse Hospital Project
Background

Source: Table 1.23.28.
Figure 1.23.2: Age-standardised death rate for circulatory diseases, by Indigenous status, Queensland, and NSW, Qld, WA, SA and NT combined, 1998–2015

### Lighthouse Hospital Project

#### Background

<table>
<thead>
<tr>
<th>State</th>
<th>Circulatory disease death rate, age standardized (2015)</th>
<th>Aboriginal and Torres Strait Islander population (2016)</th>
<th>2016 death toll from circulatory disease</th>
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</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>233/100,000</td>
<td>265,600</td>
<td>619</td>
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<tr>
<td>Queensland</td>
<td>268/100,000</td>
<td>221,398</td>
<td>593</td>
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<tr>
<td>Western Australia</td>
<td>335/100,000</td>
<td>100,509</td>
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<tr>
<td>South Australia</td>
<td>284/100,000</td>
<td>42,256</td>
<td>120</td>
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Lighthouse Hospital Project
Objectives

• To improve hospital care for Aboriginal and Torres Strait Islander patients with CHD by:
  • enhancing relationships between hospitals, ACCHOs/Aboriginal Medical Services and PHNs to improve the patient journey
  • supporting hospitals to provide evidence based, responsive and accessible, culturally safe care
  • reducing incidence and impact of discharge against medical advice
Lighthouse Hospital Project Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Years</th>
<th>Sites</th>
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<tbody>
<tr>
<td>Scoping</td>
<td></td>
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<tr>
<td>Phase 1</td>
<td>2012 - 2013</td>
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<tr>
<td>Pilot</td>
<td></td>
<td>8 sites</td>
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<tr>
<td>Phase 2</td>
<td>2014 - 2016</td>
<td></td>
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<tr>
<td>Roll out</td>
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<td>18 sites</td>
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<tr>
<td>Phase 3</td>
<td>2017 - 2019</td>
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</table>
Lighthouse Hospital Project
Scoping: Phase 1, 2012-2013

Literature review
• Few targeted initiatives aimed to improve access, quality of care or outcomes for Aboriginal and Torres Strait Islander peoples with ACS

Exemplars
• 10 health care services recognised as providing exemplary care
• Key elements of past or existing initiatives which improved the patient journey

Initiatives explored grouped into four domains
• Cultural competence
• Clinical quality improvement (care pathways)
• Workforce
• Governance and accountability
Lighthouse Hospital Project
Scoping: The domains
Lighthouse Hospital Project
Phase 1: What works

Expansion and optimisation of the **Aboriginal health workforce**

**Better identification** of Aboriginal and Torres Strait Islander patients

**Effective partnerships** with local Aboriginal and Torres Strait Islander communities

Fostering **clinical champions**

Commitment to the delivery of **patient centred care**

Using newer technologies for **better communication**
Lighthouse Hospital Project
Phase 1: Recommendations

Industry-based quality matrix should be developed that could:

• Be incorporated into hospital accreditation processes
• Enable the setting of care standards
• Include agreed performance indicators and monitoring processes
• Enable a commitment to improvement of care
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Phase 2: 2014-2016

Develop a quality improvement toolkit
Pilot toolkit in 8 hospitals
Lighthouse Hospital Project  
Phase 2: Testing the framework  

Eight hospitals were recruited to pilot test the quality improvement toolkit and implementation process over a fifteen month period:

**WA:** Royal Perth Hospital  
**SA:** Flinders Medical Centre  
**QLD:** Princess Alexandra Hospital  
**NSW:** Liverpool Hospital, Coffs Harbour Health Campus, Tamworth Rural Referral Hospital  
**VIC:** St Vincent’s Hospital, Bairnsdale Regional Health Service
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Phase 2: Quality improvement toolkit

• Quality improvement toolkit developed
  • evaluate systems and processes to ensure minimum standards of care, cultural safety & quality being met
  • identify practices and/or actions that should be improved

• Practical activities for health practitioners
  • drive change
  • address disparities
  • improve outcomes

• Best practice evidence, guidelines & recommendations from Phase 1
Lighthouse Hospital Project
Phase 2: Achievements

• Cultural competency training
  • Modifying delivery and target audience

• Changing the hospital environment
  • Local Indigenous artwork, family meeting rooms

• Culturally and locally appropriate resources
  • What to expect, how to prepare for hospital

• Improving handover and discharge planning
  • Ensuring good communication and planning with patients, families, ACCHOs and other health care providers

• Supply all medicines at discharge

• Embed Aboriginal Liaison Officers in the cardiology team
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Phase 2: Outcomes

• Better staff awareness and knowledge of the issues and barriers faced by Aboriginal and Torres Strait Islander patients
• Identified enablers for best practice care
• Culturally safer integrated services
• Visible Aboriginal and Torres Strait Islander workforce
• Better relationships and interactions with Aboriginal and Torres Strait Islander patients
• Building or strengthening of relationships with the Aboriginal and Torres Strait Islander community
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Phase 3: Background

• Phase 3 (2017-2019) involves 18 hospitals across Australia
  • Primary Health Networks (PHNs),
  • Aboriginal Community Controlled Health Organisations (ACCHO)
  • Indigenous community
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Phase 3: Method

The Improvement Foundation are the QI experts supporting the implementation effort.

Using a co-design methodology, customised workshops will develop and implement each site’s project plan and provide participants with evidence based and culturally safe methods of health service implementation based on the four domains of a QI toolkit (Governance, Cultural competence, Workforce and Care pathways).
Lighthouse Hospital Project
Phase 3: Results

Workshops held from August 2017 to February 2018

An increase in understanding of quality improvement methods will support hospital teams to drive systemic, sustainable change to improve health outcomes.
- Protected Time
- Small, Quick Wins
- Steal Shamelessly, Share Generously

- ↓ DMA rates
- Discharge Meds. Info.
- Strengthen Relationships
- Improve Communication
- ↓ in Institutional Racism
- Enhance Focus from Execs.
IDEAS FOR CHANGE

- Professional Development for HLOs
  - Role description
  - Role expansion
  - Learning objectives
  - F2F meetings as well as teleconferences
- Professional Liaison with PHN's
- Enhance Service Primary Care
- Map Referral Pathways and Share
  - Use My Health Record
  - Need for Consent Form from Pt's for Information
  - ED Admissions - ALO informs AMS PM Weekly
- Education - Communication Skills
- Electronic Referrals/Discharge Summaries (Medical Objects)
- Promote Viewer to GPs - (WIIFM?)
  - Generic Login
  - Risk Assessment Tool for DAMA
- Protect Scrum Time

- Point of Contact at AMS/practice AND Hospital