An Improved Model of Cardiac Care for Aboriginal and Torres Strait Islander Patients at Princess Alexandra Hospital

A/Prof William Wang
Princess Alexandra Hospital
1 March 2018
I would like to acknowledge the Traditional Custodians of the land on which this event is taking place.

I pay my respects to Elders past, present and future.
Indigenous Cardiovascular Health Programs

• Primordial prevention

• Health Promotion

• Community Programs

• Screening

• Primary Care

  • Specialist clinics

  • Hospital services

98% of Aboriginal and Torres Strait Islander patient hospital services occur in public hospitals
Princess Alexandra Hospital
Princess Alexandra Hospital

- Tertiary hospital in Brisbane’s south
- Cardiology and Cardiothoracic surgery
- 4% of patients in Metro South identify as Aboriginal or Torres Strait Islander
• One third of all Aboriginal and Torres Strait Islander People live in Queensland

• In Queensland: 30% major cities, 50% regional, 20% remote
Princess Alexandra Hospital Cardiology

• Aboriginal and Torres Strait Islander focused cardiology outreach clinics
  • 2007 Cherbourg clinic started (Cherbourg Hospital)
  • 2011 Cherbourg clinic reviewed and new model implemented
  • 2011 Inala clinic started (Inala Indigenous Health)
  • 2011 Cunnamulla clinic started (CACH)
  • 2016 Woolloongabba clinic started (ATSICHS)
  • 2017 North Stradbroke Island (Yulu-Burri-Ba)
  • 2017 Wynnum clinic started (Yulu-Burri-Ba)

• Current Project Team started 2015

• Lighthouse (I, II & III)
Challenges

250-300 patients / year from anywhere

Hospital
- Governance and policies
- Identification
- Physical environment
- Staff cultural capabilities
- Disease treatment
- Patient journey

Community
- Discharge medications
- Discharge information
- Rehabilitation
- Patient awareness and understanding
- GP follow up
- Specialist follow up
PAH Better Cardiac Care Team

• Aim: To Provide Better Cardiac Care for Aboriginal and Torres Strait Islander patients

• Core project team (CNC, HLO, Pharmacist, Cardiologist)

• Reference Group
• Patient Liaison Officers
• Cultural Capability Team
• Cardiology Department
• Pharmacy Department
• Hospital, medical and nursing executives

• Aboriginal and Torres Strait Islander Branch, Qld Department of Health
• Lighthouse project - Heart Foundation / AHHA
THE PATIENT JOURNEY

Partnerships with Primary Care Providers
- Clinical handover with Primary care provider/s
- Referral Pathways for Secondary Prevention

Specialist and GP Follow up
- Follow up phone call
- Clinical handover to GP
- 7 day GP follow up
- Specialist follow up
- Outreach clinics

Discharge medications
- 7 day free hospital medication supply
- Dosing aides
- Titration plans

Staff support
- Provide knowledge and support
- Relay patient needs
- Clinical care for challenging patients and situations

Patient Support
- Case management
- Cultural and clinical contact
- Using teach back method to improve health literacy
- TRACS booklet written using patients own terminology and understanding of health

Model of Care
- Inpatient & outpatient support
- Rounding with HLO
- Documentation in medical record
- DAMA strategy

Health Promotion
- Health promotion events
- AHW workshops

Creating Pathways
- Referrals from AMS
- Cardiology clinics delivered in AMS
- Linked with IUIH
- Linked with RHD Registry

Welcoming Environment
- A&TSI identification polo shirts
- Artwork with acknowledgement

Identification Process
- Status Report
- Patient Flow

Cultural Capability
- Training
- Pre & Post Survey
- Action Plan
- Advocacy

Modified from Better Cardiac Care
Artwork T-shirts
Aboriginal & Torres Strait Islander patient identification

Number of Patients

Indigenous Status Code
Not Stated %

Qld Health
KPI %

1% 198 190 118 68 77 56 60 60 86 109 96
Transition to Community

**MY HEART WELLNESS PLAN**

Transitioning care
Admission to Community Setting (TRACS)

Princess Alexandra Hospital

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Princess Alexandra Hospital
PATIENT DOCUMENT
Aboriginal & Torres Strait Islander
Transition Report
Acute to Community Service (TRACS)

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Given name/s:</th>
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Date of Admission

Reason for admission to hospital
Heart Attack

Procedures during admission to hospital
I had a blocked artery in my heart. My heart went into a dangerous beat; they shocked my heart 2x. They gave me a drug to dissolve the clot blocking my artery. This didn’t work so they had to open the artery with a balloon and put a stent in to help keep it open.

Cultural Strengths for Heart Health (for Healing)

Have Yearly 715 health check

Take prescribed medication
Stop smoking, talk to my doctor, quitline nicotine patches, cardiac rehabilitation programs, healthy eating.
If I have chest pain follow my action plan

Follow up care and further investigations after discharge
See my doctor in 2-7 days time after discharge, go to hospital, see my cardiologist in 3-months time, cardiac rehabilitation programs.
Discharge Against Medical Advice (DAMA)

Clinical follow up of Aboriginal and Torres Strait Islander patients that discharge against medical advice (DAMA) to minimise risk

Prevent DAMA

Unable to prevent

Patient stays in Hospital

Review medical record & case review with specialist

Early contact with patient (within 3 days)

Communicate plan with GP, specialist & patient

Case manage to ensure appropriate follow up.

BACKGROUND

- Queensland Aboriginal & Torres Strait Islander Health Strategy aims to reduce DAMA to 1.1% for cardiac related admission by 2016-17.
- DAMA rates for Aboriginal and Torres Strait Islander patients are 5 times the rate of non-Indigenous patients.
- DAMA caused interruptions to continuity of care and is associated with complications, mortality and morbidity, high readmission rates and increased healthcare expenditure.

METHOD

Strategies have been implemented to prevent DAMA for Aboriginal & Torres Strait Islander cardiac patients at Princess Alexandra Hospital. These include the Aboriginal and Torres Strait Islander Liaison Officers and Clinical Nurse Consultant culturally and clinically advocating for the patient and documenting risk of DAMA. Additionally, a clinical review and follow up process is initiated by Clinical Nurse Consultant (CNC) in the instance of Aboriginal & Torres Strait Islander patient DAMA. This process involves prompt review of medical record, liaison with treating cardiologist and early contact with patient. After each case is reviewed, an individual follow up plans are developed based on the patient’s clinical condition and treatment received prior to DAMA. Patients are contacted by the CNC and Indigenous Hospital Liaison Officer to discuss medical recommendations and negotiate amicable follow up. Information is documented in clinical record and communicated to General Practitioner & Cardiologist.

RESULT

In first 5 months of the new process (up to February 2016) there were 7 cases of DAMA. For 5 patients, prompt follow up with their GP was arranged. 3 of the 5 patients were managed back into the acute care setting and received evidence based care including one receiving a percutaneous coronary artery bypass surgery. 3 of the 7 cases were lost to follow up.

CONCLUSION

Early contact, clinical care review and case management post DAMA supports patients in accessing medical follow up and aids in the delivery of evidence based care in this group of patients.
Discharge medications
trial program since April 2015

- Queensland Health hospitals
  - Generally charge for 30 days of prescribed medications
  - Cannot prescribe CTG scripts.

- Medication program for PA Hospital cardiac patients
  - Patients offered choice of:
    - 7 days supply free of charge – must be CTG registered; or
    - Usual 30 days supply
  - 61% of patients obtained 7 days free supply
  - Cost of program per patient is only about $20!
  - Link patients back for GP within 7 days
Clinical Handover to Primary Health Care Providers

### Patient Discharge Briefing Document

*This document is a clinic handover to the General Practice in which the patient will receive their follow up care. The briefing document does not replace the hospital discharge summary.*

**Better Cardiac Care for**  
**Aboriginal & Torres Strait Islander Patients**  
**Princess Alexandra Hospital**  
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Fax: 3170 4425

### For Immediate Doctor Attention and Placement in Patients Chart

<table>
<thead>
<tr>
<th>Situation</th>
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<tbody>
<tr>
<td>Background</td>
<td></td>
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<tr>
<td>Assessment</td>
<td></td>
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<tr>
<td>Recommendations</td>
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</tbody>
</table>

Yours sincerely

Vivian Bryce  
Clinical Nurse Consultant  
Better Cardiac Care for  
Aboriginal & Torres Strait Islander Patients

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### Queensland Health Discharge Summary

**Patient Details**  
URN  |  |  
Phone  |  |  
Address  |  |  
Sex  |  |  
Date of Birth  |  |  
**Episode Details**  
Consultant  |  |  
Facility Unit  |  |  
Admission Source  |  |  
Admission Date  |  |  
**Discharge Details**  
Physician  |  |  
Reason  |  |  
Return to  |  |  
**Reason for Admission/Presenting Problems**  
Principal Diagnosis  
Anterior STEMI  
Complicated by VF arrest x 2  
- CPR + 2 x ICD shocks  
- 1 x DCCV TBH  
Failed lysis  
**Other Active Problems**  
Smoker  |  |  
HTN  |  |  
Dyslipidaemia  |  |  
**Previous Medical History**  
CAD  |  |  
- Mild-mod single vessel disease on Angio 2002  
- Medically managed  
**Inpatient Clinical Management**  
Admitted to Coronary Care Unit  
Rescue PCI 24/5 BMS to mid LAD  
Dual antiplatelet therapy  
Recurrent on statin  
TTE 26/6 mild systolic LV ejection dysfunction, LVEF 35-40%. Normal RV size & function. Mild MR  
**Complications**  
Nil Entered  
**Procedures Performed**  
Nil Entered  
**Medications at Admission**  
Nil Entered
Discharge Summary Completion
n=293

- Summary Completed <48hrs: 61%
- Summary Completed >48hrs: 16%
- Summary Not Completed: 19%
- Briefing document Completed <48hrs: 90%

PA Hospital Cardiology June 2016 – Dec 2017
Aboriginal and Torres Strait Islander patients
Improved GP follow up after discharge from hospital
Make GP appointments for patients

• Our data 2015 to 2017 showed that Patients with GP appointments made by team while in hospital had significantly higher GP follow up rates compared to patients who elect to organise own GP follow up
Improved specialist follow up after discharge from hospital
PA Hospital outreach clinics

• **Total 11 sites**
  • Majority monthly visits
  • Clinical consultations, echocardiograms, stress tests

• **6 indigenous health focused sites**
  • 2 rural / remote
    • Cherbourg
    • Cunnamulla
  • 4 urban / regional
    • Inala
    • Woolloongabba
    • Wynnum
    • Stradbroke Island
Outreach clinics

- Strong local integration
- Continuity of care
- Better understanding and patient and community needs

- Specific challenges at different sites
- Scheduling, workload, costs and fatigue
Reducing preventable hospital readmissions
PA Hospital to PA Hospital readmissions data

Cardiology 28 Day Readmission
Non Indigenous n= 28245
Indigenous n= 1172

<table>
<thead>
<tr>
<th>Year</th>
<th>Non Indigenous</th>
<th>Indigenous</th>
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<tbody>
<tr>
<td>2013</td>
<td>6.91%</td>
<td>11.93%</td>
</tr>
<tr>
<td>2014</td>
<td>6.78%</td>
<td>9.68%</td>
</tr>
<tr>
<td>2015</td>
<td>7.00%</td>
<td>7.49%</td>
</tr>
<tr>
<td>2016</td>
<td>7.40%</td>
<td>6.45%</td>
</tr>
<tr>
<td>2017</td>
<td>7.15%</td>
<td>8.98%</td>
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Princess Alexandra Hospital 28 day readmissions
Summary

• Aboriginal and Torres Strait Islander people have high cardiovascular disease burden at young age

• Multifaceted and multidisciplinary approaches are required to provide better cardiovascular care
Thank you

• PA Hospital Better Cardiac Care Team
  Viv, Cherie, Sean, Amanda, Sonia, Tanya, Gary, Scott, Stephanie, Hayley, Lizzie, Fiona, Arnold, Danielle and many others

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