Priority 5 – Improve in-hospital disparities in the care of patients experiencing acute coronary syndromes (ACS)

What is the challenge?
A range of geographical, cultural and systemic factors contribute to delays in accessing treatment for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome (ACS), such as a heart attack, including competing cultural, family and personal responsibilities, as well as long distances and transport challenges.

Limited understanding of Aboriginal and Torres Strait Islander culture and communication styles among hospital staff and subsequent miscommunication can reinforce perceptions of discrimination. This can result in Aboriginal and Torres Strait Islander peoples feeling unwelcome and unsafe in hospital and affects patient behaviour and attitudes to treatment. Communication problems and a lack of engagement with and respect for Aboriginal and Torres Strait Islander peoples and their families contributes significantly to a fear of hospitals and invasive procedures.

Aboriginal and Torres Strait Islander peoples are three times more likely to have a heart attack and are twice as likely to die from heart disease. Yet, as demonstrated by lower intervention rates, they do not receive the same level of care when presenting with ACS. Aboriginal and Torres Strait Islander patients experiencing ACS also discharge from hospital against medical advice at more than double the rate of non-Indigenous patients.

It is critical to support hospitals to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples. This includes providing improved access to Aboriginal Health Professionals for Aboriginal and Torres Strait Islander patients. Improved access to culturally appropriate and safe services is needed to ensure Aboriginal and Torres Strait Islander patients feel comfortable in the hospital environment, have an advocate to talk to and are supported by strategies that discourage voluntary discharge against medical advice.

Key facts
- In 2012–13, compared with non-Indigenous people, Aboriginal and Torres Strait Islander peoples were three times more likely to have a heart attack and nearly twice as likely to die of heart disease.¹
• Aboriginal and Torres Strait Islander peoples with heart disease are 2.4 times more likely to voluntary discharge against medical advice.²

• In 2010–13, the proportion of people who presented to a hospital with a severe heart attack and had a procedure to open a blocked or narrowed artery was 46% for Aboriginal and Torres Strait Islander peoples and 70% for non-Indigenous population.³

• Compared with non-Indigenous people, Aboriginal and Torres Strait Islander peoples hospitalised with ACS had a 40% lower rate of being investigated by angiography, a 40% lower rate of percutaneous coronary intervention (PCI) and a 20% lower rate of or coronary artery bypass graft (CABG) surgery.⁴

What needs to happen?

Maintain and strengthen investment in the ‘Lighthouse project’, which aims to establish culturally competent, guideline-based and patient-oriented clinical pathways for acute cardiac care in hospitals.

It is critical to address the systemic factors that contribute to disparities in care of Aboriginal and Torres Strait Islander peoples with ACS. The Heart Foundation and Australian Healthcare and Hospitals Association’s ‘Lighthouse project’ drives systemic change in the acute care sector through the implementation of hospital-based quality improvements, development and dissemination of best practice models for culturally safe service delivery and consistent standards of care. To drive systematic change, the ‘Lighthouse project’ requires resourcing to support a roll out at a national level extending its scope to include other conditions.

Ensure acute cardiac care is supported by a well-trained Aboriginal Health Workforce.

In-hospital acute cardiac care needs to be supported by well-trained Aboriginal Health Workforce who are a constant element of the hospital environment. Organisational structures should incorporate Aboriginal Health Professionals as integral part of the clinical team. Cultural competence can be improved through guideline implementation and engagement of Aboriginal Health Workers, who are supported in acute cardiac care with robust professional development programs.

What will this achieve?

• Improved delivery of culturally safe and evidence based cardiac care.

• Increased proportion of people with ST-segment elevation myocardial infarction (STEMI) who are treated by primary PCI or treated with fibrinolysis.

• Decreased 30-day and 12-month mortality rates for Aboriginal and Torres Strait Islander peoples admitted with acute myocardial infarction.

• Decreased rates of voluntary discharge against medical advice.

• Improved Aboriginal Health Workforce capabilities and capacity to provide support and advocacy when needed.
References


© 2015 National Heart Foundation of Australia, ABN 98 008 419 761


The National Heart Foundation of Australia would like to acknowledge the traditional owners of the land and pay respects to elders past and present. Aboriginal and Torres Strait Islander peoples should be aware that the following information may contain images or names of deceased people and may cause distress to certain viewers.

This work is copyright. No part of this publication may be reproduced in any form or language without prior written permission from the National Heart Foundation of Australia (national office). Enquiries concerning permissions should be directed to copyright@heartfoundation.org.au.

INF-081-P