Improving health outcomes for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome

A practical toolkit for quality improvement

Third edition
Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as one of the oldest living cultures and their contribution to Australian history past and present. As the original peoples of this country, we recognise their loss of land, children, culture and kin has made a significant impact on their health and wellbeing.

The Heart Foundation and the Australian Healthcare and Hospitals Association (AHHA) would like to thank the many people who contributed their expertise, time and experience to the development and update of this resource. In particular, the hospitals that gave freely their time, wisdom and experience.

The Heart Foundation worked closely with an External Advisory Group that provided invaluable support and critique. The Heart Foundation would also like to thank the following:

- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC)
- National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
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The artwork and subsequent design elements in this resource were created by Gilimbaa – Indigenous Creative Agency (lead artist Riki Salam). Gilimbaa are Supply Nation certified.

**Meaning of the design elements**

The design elements were created from an artwork that depicts a stylistic interpretation of the human heart. The artwork includes a large concentric circle motif surrounded by dots that is central in this piece and represents the Heart Foundation. It also includes small red and white motifs representing blood cells and the many and varied communities around Australia that the Heart Foundation engages with, from government agencies, corporate businesses, all aspects of the health sector, through to the general public.

There are four circular motifs around the outside of the heart symbol representing Aboriginal and Torres Strait Islander communities contacting and connecting with the Heart Foundation, trading knowledge and ideas of better health outcomes for Aboriginal and Torres Strait Islander peoples and these elements have been used in this resource. The colours in the design elements reference a variety of country (landscapes): saltwater, freshwater, desert and rainforest. From warm to cool, the colours hold great meaning and cultural significance – some are in reference to ochres that are used in ceremony, and some represent life, gathering and growth. The blue patterned background represents the rich diversity of Aboriginal and Torres Strait Islander cultures across Australia. These ‘Culture Lines’ represent the foundation and uniqueness of Australia.

The National Heart Foundation of Australia would like to acknowledge the Traditional Owners of the land and pay respects to Elders past and present.

This toolkit was developed as part of the Lighthouse Hospital Project, which aims to improve care and health outcomes for Aboriginal and Torres Strait Islander peoples experiencing coronary heart disease.
Section 1
Introduction – how to use this toolkit

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1 Introduction and background

Introduction

Australian governments have committed to achieving equality in the health status and life expectancy for Aboriginal and Torres Strait Islander peoples by the year 2031. There is strong evidence that Aboriginal and Torres Strait Islander peoples experience coronary events, such as heart attacks, at rates three times greater than non-Indigenous Australians. When presenting to hospital with an acute coronary syndrome (ACS) event, Aboriginal and Torres Strait Islander peoples do not receive equivalent care to non-Indigenous Australians. When compared with other patients, Aboriginal and Torres Strait Islander peoples admitted to hospital with ACS experience:

- almost twice the in-hospital coronary heart disease (CHD) death rate
- a 14% lower rate of angiography
- a 34% lower rate of coronary angioplasty or stent procedures.

Hospitals have a critical role in improving access to evidence-based care and addressing disparities for Aboriginal and Torres Strait Islander peoples. The capacity of hospitals to respond effectively to Aboriginal and Torres Strait Islander peoples can be increased by using a quality improvement approach to change. This approach has the potential to build change capacity across organisations, improving responses to Aboriginal and Torres Strait Islander communities and engagement with a range of patients with complex needs.

This toolkit, and associated resources, aims to drive systemic change in the acute care sector by focusing on hospital-based quality improvement activities that could improve ACS outcomes for Aboriginal and Torres Strait Islander peoples. It provides health practitioners with the tools and practical steps needed to ensure Aboriginal and Torres Strait Islander peoples receive clinically appropriate treatment that is delivered in a culturally safe manner, irrespective of the health service they attend.

The toolkit outlines a continuous quality improvement (CQI) framework with key domains and criteria for self-assessment, to help ensure cultural safety and clinical quality standards are met.

The Heart Foundation, in partnership with the Australian Healthcare and Hospitals Association (AHHA), developed this toolkit with input from key leaders in Aboriginal and Torres Strait Islander health; peak bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA).

In 2014–15, we tested the toolkit in eight hospitals across Australia to ensure the CQI framework worked and the key domains and criteria for self-assessment enabled cultural safety and clinical quality standards were met. The toolkit has been modified to reflect some of the key learnings from Phase 2 including a focus on:

- increasing staff awareness and knowledge of the issues and barriers Aboriginal and Torres Strait Islander patients face
- improving relationships and interaction with Aboriginal and Torres Strait Islander patients
- developing relationships with the Aboriginal and Torres Strait Islander community, as well as with community health groups
- changing the ordering of the domains to have Governance first, as executive support was seen to be paramount in commencing and sustaining the project
- changing the ordering of staff groups to mirror the domain change, with executive management/board first, as the responsibilities should start with the executive management of the hospital rather than with frontline staff
- including real case studies of hospitals that have implemented the toolkit, including guidance on which stakeholders were involved.
Background and rationale

The burden of heart disease is unequally distributed in Australia. Aboriginal and Torres Strait Islander peoples are three times more likely to have a heart attack and are dying from cardiovascular disease (CVD) at almost twice the rate of non-Indigenous Australians. These high mortality rates are avoidable. It has been estimated that if Aboriginal and Torres Strait Islander peoples achieved the same level of cardiovascular health as non-Indigenous Australians, this mortality gap could be closed by 6.5 years.

Aboriginal and Torres Strait Islander peoples are at significant risk of developing heart disease due to their high-risk profiles. For Aboriginal and Torres Strait Islander peoples, heart disease onset is likely to be earlier and is associated with complex comorbidities, frequent hospital admissions and premature death, when compared with non-Indigenous Australians. However between 2010 and 2013, 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 the non-Indigenous population. Selected rates of potentially preventable hospitalisation and discharge from hospital against medical advice were five times higher for Aboriginal and Torres Strait Islander peoples compared to non-Indigenous Australians. These rates appear to be consistent across Australia.

Many barriers exist in regard to service access and delivery of best-practice care. Over one-quarter (26%) of Aboriginal and Torres Strait Islander peoples have reported problems accessing health services. These accessibility issues were higher for those in remote areas (36%) compared with those in non-remote areas (23%). It has been found that some health service staff appear to lack empathy and outright antagonism towards Aboriginal and Torres Strait Islander peoples has been reported. Racism has been identified as a barrier and contributor to poor health outcomes for Aboriginal and Torres Strait Islander peoples. This can result in Aboriginal and Torres Strait Islander peoples feeling unwelcome and unsafe in hospital, which negatively affects patient behaviour and attitudes to treatment.

Importantly, governments, policy makers and health service providers, are exploring the reasons behind these disparities, especially in light of the Closing the Gap campaign. In 2010, the Heart Foundation and the AHHA published a report describing the disparities and opportunities for better hospital care for Aboriginal and Torres Strait Islander peoples experiencing a heart attack. This report and others have identified that best practice healthcare for Aboriginal and Torres Strait Islander peoples requires culturally safe integrated services, with a visible Aboriginal and Torres Strait Islander workforce, to ensure continuity and delivery of patient-centred care. Currently, Aboriginal and Torres Strait Islander peoples are under-represented in the health professions. The largest gaps are nurses, medical practitioners and allied health professionals.

Social justice and the right to quality healthcare are seen as basic human rights. Translation of these values to tangible policies and reforms is paramount to Closing the Gap. People and their culture must be at the centre of healthcare.

Cultural competence is key to best practice care

Cultural competence is critical in providing quality care to Aboriginal and Torres Strait Islander peoples. Having a greater understanding of relevant Aboriginal and Torres Strait Islander peoples’ culture and the political, social and historical factors that have affected the health of Aboriginal and Torres Strait Islander peoples puts healthcare providers in a better position to deliver quality care. Cultural proficiency is an important facet of cultural competence, enabling the patient to take full advantage of the healthcare service offered. It is based on the experience of the patient rather than the perspective of the healthcare provider.
The National Health and Medical Research Council (NHMRC) defines cultural competence as ‘a set of congruent behaviours, attitudes and policies that come together in a system, agency or among health professionals and enable that system or agency or those professionals to work effectively in cross-cultural situations’.14

To become culturally competent, a system needs to:

• value diversity
• have the capacity for cultural self-assessment
• be conscious of the dynamics that occur when cultures interact
• institutionalise cultural knowledge
• adapt service delivery so that it reflects an understanding of the diversity between and within the cultures
• have an organisation-wide commitment.

Cultural competence requires a system-wide approach and to be embedded within the planning, implementation and evaluation of services. A study conducted in 201215,16 found the health disparities experienced by Aboriginal and Torres Strait Islander peoples are historic in origin and perpetuated by structural and social factors broadly known as the ‘social determinants of health’. These include access to education, employment and housing; land connection; and exposure to racism.15,17 To close the gap and reduce disparities, it is vital to consider the relevance of culture. Aboriginal and Torres Strait Islander peoples perceive health holistically, encompassing land, environment, community relationships, physical body and culture. Health is not perceived as a ‘medical’ issue.

Having a greater understanding of relevant Aboriginal and Torres Strait Islander peoples’ culture and the political, social and historical factors that have affected the health of Aboriginal and Torres Strait Islander peoples puts healthcare providers in a better position to deliver quality care. Cultural proficiency is an important facet of cultural competence, enabling the patient to take full advantage of the healthcare service offered. It is based on the experience of the healthcare recipient rather than the perspective of the healthcare provider.

Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Patients who feel unsafe and who are unable to express degrees of felt risk, may not receive the appropriate level of care, leading to poorer outcomes.18

“Aboriginal culture is a necessary ingredient in considerations of access and barriers to health care but also to appreciate that being comfortable in one’s own culture can be a positive influence on health.”
– Dennis Eggington19

Continuous quality improvement in hospitals

The Lowitja Institute defines CQI as “a system of regular reflection and refinement to improve processes and outcomes that will provide quality health care”.20 CQI emphasises an ongoing cycle of improvement and evaluation. CQI methods in healthcare are used to reduce variation of care to improve patient outcomes that, in the long term, would result in significant cost savings for the health system.11
When compared to other well-known quality models in healthcare, such as quality assurance, CQI provides and maintains a more sustainable improvement. While quality assurance is widely used in healthcare, it only focuses on only individuals, determining who was at fault after an incident.\(^1\) CQI is not a stop-start or a band-aid fix to make things better but leads the way for a more proactive approach aiming to reduce variation in patient care and improve delivery of care.

The benefits of using the CQI model include:\(^2\):

- a no-blame approach
- collecting and assessing information, and then planning, taking and reviewing action
- engaging all health staff involved
- raising general standards of care
- a dynamic, ongoing process that builds on successes
- promotion of efficiency within existing resources
- prevention, early detection and management of chronic diseases
- effective treatment, self-management support, regular follow-up
- an evidence base supporting clinical care
- promoting organised, integrated and fully developed systems of care.

A study of stand-out hospitals that were focused on providing successful Aboriginal and Torres Strait Islander health initiatives in Australia\(^2\) found elements of the CQI approach were used in all these hospitals to build capacity and sustainability to address the health needs of Aboriginal and Torres Strait Islander patients. Overall, four key emerging themes were identified in hospitals with successful Aboriginal and Torres Strait Islander health initiatives:

- leadership by hospital boards, chief executive officers, managers, clinical staff
- strategic policies within hospitals
- Aboriginal workforce
- strong partnerships with Aboriginal communities.

These themes highlight the gaps in the delivery of healthcare to the Aboriginal and Torres Strait Islander population. Providing effective communication to Aboriginal and Torres Strait Islander patients is a complex task and evidently deficient in the current health system. Therefore it should be a priority to implement culturally proficient policies and procedures in organisations and hospitals.

Using a CQI model provides a strong foundation to improve health outcomes for Aboriginal and Torres Strait Islander peoples.\(^3\) Research shows that various CQI models implemented in cardiac care have worked successfully, showing benefits of high level of adherence to evidence-based performance as well as improved process measures in the management of ACS.\(^4\)
2 The toolkit

How does this toolkit work with existing hospital processes, standards and guidelines?

This toolkit was developed to align with current major key policy and initiatives to ensure best practice in the provision of care for Aboriginal and Torres Strait Islander peoples with cardiovascular disease.

This toolkit and its associated resources aim to provide healthcare providers with the tools and practical steps needed to ensure Aboriginal and Torres Strait Islander peoples receive clinically appropriate treatment, delivered in a culturally safe manner. While the specific focus is on hospitals, it is critical that the locally based initiatives include community and/or primary care services.

Each hospital will need to identify its own CQI initiatives for the domains that are most relevant to their hospital. The extent to which improvement will be made will vary in each hospital depending on existing processes and projects, and current change management and CQI processes.

The activities outlined in the toolkit are designed to be integrated into existing policies and procedures, and incorporate many of the priorities identified for action in the policy initiatives described below. It also provides practical solutions to improve the quality of care for Aboriginal and Torres Strait Islander peoples.

Links to the National Safety and Quality Health Service Standards implementation

ACSQHC developed the National Safety and Quality Health Service (NSQHS) Standards23 to improve the quality of healthcare through the implementation of safety and quality systems. The NSQHS Standards outline the level of care consumers can expect from health services.

This toolkit is designed to assist health services align their Aboriginal and Torres Strait Islander CQI programs to the NSQHS Standards22. Activities in this toolkit align and provide evidence for Standards 1, 2, 4, 5, 6 and 9.

Links to the Acute Coronary Syndromes (ACS) Clinical Care Standard

ACSQHC developed the Acute Coronary Syndromes Clinical Care Standard.24 The standard provides a number of quality statements describing the clinical care a patient with a suspected ACS should be offered. These quality statements are based on current evidence, including existing clinical practice guidelines.

This toolkit incorporates the ACS Clinical Care Standard as best practice within the care pathway domain.
ESSENCE

The Essential Service Standards for Equitable National Cardiovascular Care (ESSENCE) represent the best available evidence and expert consensus on the essential services and care for Aboriginal and Torres Strait Islander peoples with cardiovascular disease. A national steering committee of experts in Aboriginal and Torres Strait Islander cardiovascular care developed the standards in 2012. They articulate elements of care necessary to reduce disparity in access and outcomes for cardiovascular conditions. The standards focus on the prevention and management of cardiovascular disease extending across the continuum of care for Aboriginal and Torres Strait Islander peoples.

This toolkit incorporates many of the elements of the ESSENCE Standards.

The Better Cardiac Care for Aboriginal and Torres Strait Islander people priority actions

The Better Cardiac Care for Aboriginal and Torres Strait Islander people project is an initiative of the Australian Health Ministers’ Advisory Council (AHMAC). It aims to reduce mortality and morbidity from cardiac conditions among Aboriginal and Torres Strait Islander peoples by increasing access to services, better managing risk factors and treatment and by improving the coordination of care.

This toolkit incorporates relevant national priority actions identified at the Better Cardiac Care Forum to improve cardiac care and health outcomes for Aboriginal and Torres Strait Islander peoples.

Links to Closing the Gap

The Closing the Gap initiative was established to address the disparities in health and education. The Council of Australia Governments set targets for closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. All levels of government agreed to work in partnership to contribute to closing the gap in health outcomes and achieving six targets; one of these is closing the life expectancy gap within a generation.

Implementation of this toolkit hopes to improve the patient journey and achieve the same level of cardiovascular healthcare for Aboriginal and Torres Strait Islander peoples as non-Indigenous Australians. It is estimated that closing the gap in cardiovascular outcomes will decrease the gap in life expectancy for Aboriginal and Torres Strait Islander peoples by 6.5 years.

Links to the Aboriginal and Torres Strait Islander Health Performance Framework

The Aboriginal and Torres Strait Islander Health Performance Framework was developed to support a comprehensive and coordinated effort across and beyond the health sector to address the complex and interrelated factors that contribute to health outcomes experienced by Aboriginal and Torres Strait Islander peoples. It monitors progress in Aboriginal and Torres Strait Islander Australian health outcomes, health system performance and broader determinants of health.

Implementation of the toolkit will provide the hospital with activity and evidence that can be used to report against a number of the framework measures.
Links to the National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan

The National Aboriginal and Torres Strait Islander Health Plan 2013–2023 guides governments in policy making and program design for improving the health and social determinants of Aboriginal and Torres Strait Islander peoples. The Implementation Plan builds on the vision of the health plan by advancing strategies and actions to improve health outcomes for Aboriginal and Torres Strait Islander peoples, and by addressing and preventing systemic racism and discrimination in the health system.

Implementation of the toolkit aligns with the deliverables of Domain 1: Health System Effectiveness within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.
The conceptual framework for providing best practice care for Aboriginal and Torres Strait Islander peoples with ACS

This toolkit aims to achieve systemic change in the acute care sector, improving outcomes for Aboriginal and Torres Strait Islander peoples experiencing ACS. The journey of the Aboriginal and Torres Strait Islander patient with ACS is complex, often requiring multi-level engagement across a number of departments and units within a hospital.

We developed a conceptual framework that identifies four key areas, or domains, that need to be addressed to ensure culturally appropriate and clinically competent care.

The toolkit provides a framework for evaluating systems and processes to ensure minimum standards of care, cultural safety and quality are being met, and identifying practices and actions that can and/or should be improved.

The toolkit outlines four domains that are critical in the provision of holistic care for Aboriginal and Torres Strait Islander peoples and their families as they journey through the hospital system and return to their communities. Each domain has its own key performance area. Implementation of one, two or three domains will not ensure best practice. It is imperative that the objectives of all four domains are met.

Figure 1 outlines the four domains and their interrelationship. The patient, their family and community are at the heart of all intersections and are constant during the journey.
Each of the four domains has its own objectives and key performance areas to enable delivery of the objectives.

**Domain 1 – Governance**

- Objective 1.1 – To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
  - Key performance area 1.1.1 – Effective and accountable leadership by all staff
- Objective 1.2 – To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community
  - Key performance area 1.2.1 – Integrate opportunities for community-led health initiatives

**Domain 2 – Cultural competence**

- Objective 2.1 – To achieve cultural proficiency across the hospital
  - Key performance area 2.1.1 – Build capacity for culturally appropriate, patient-centred care
  - Key performance area 2.1.2 – Provide patient resources that are relevant and appropriate for Aboriginal and Torres Strait Islander peoples
  - Key performance area 2.1.3 – Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples

**Domain 3 – Workforce**

- Objective 3.1 – To develop a culturally and clinically competent workforce
  - Key performance area 3.1.1 – Provision of best-practice training for staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture

**Domain 4 – Care pathways**

- Objective 4.1 – To effectively use the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams
  - Key performance area 3.2.1 – Obvious presence and integration of Aboriginal and Torres Strait Islander staff across the care system

- Objective 4.2 – To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples
  - Key performance area 4.1.1 – Improve identification of Aboriginal and Torres Strait Islander peoples
  - Key performance area 4.1.2 – Ensure Aboriginal and Torres Strait Islander peoples receive evidence-based ACS care
  - Key performance area 4.1.3 – Improve discharge process and post-discharge care for Aboriginal and Torres Strait Islander peoples

It is hoped that by achieving the objectives of each of the four domains:

- Aboriginal and Torres Strait Islander peoples with ACS will receive accessible, timely, effective and culturally appropriate care across the continuum
- an improvement will be seen in the identification and recording of Aboriginal and Torres Strait Islander peoples
- a culturally appropriate staff member will be involved in the care of every Aboriginal and Torres Strait Islander patient
- every Aboriginal and Torres Strait Islander patient will have an effective discharge plan.
Figure 2. Linking the domains to activities

**Domain**
Choose the domain(s) that you have identified that requires CQI activity

<table>
<thead>
<tr>
<th>Domain 1 – Governance</th>
<th>Domain 2 – Cultural competence</th>
</tr>
</thead>
</table>

**Objective**
Choose the objective that addresses your organisational needs for each domain

<table>
<thead>
<tr>
<th>Objective 1.1</th>
<th>Objective 1.2</th>
<th>Objective 2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation</td>
<td>To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community</td>
<td>To achieve cultural proficiency across the hospital</td>
</tr>
</tbody>
</table>

**Key performance area (KPA)**
Choose the KPA that addresses your organisational needs for each objective

<table>
<thead>
<tr>
<th>KPA 1.1.1</th>
<th>KPA 1.2.1</th>
<th>KPA 2.1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective and accountable leadership by all staff</td>
<td>Integrate opportunities for community-led health initiatives</td>
<td>Build capacity for culturally appropriate, patient-centred care</td>
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</tbody>
</table>

**Activity**
Identify the activity that addresses your organisational needs

- Executive managers and board members
- Managers and senior clinicians
- Frontline staff

<table>
<thead>
<tr>
<th>KPA 2.1.2</th>
<th>KPA 2.1.3</th>
</tr>
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<tbody>
<tr>
<td>Provide patient resources that are relevant and appropriate for Aboriginal and Torres Strait Islander peoples</td>
<td>Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples</td>
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</tbody>
</table>

**PDSA cycle(s)**
Complete the PDSA cycle(s) for each activity
### Figure 2. Linking the domains to activities (cont.)

<table>
<thead>
<tr>
<th>Domain 3 – Workforce</th>
<th>Domain 4 – Care pathways</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 3.1</strong> To develop a culturally and clinically competent workforce</td>
<td><strong>Objective 4.1</strong> To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples</td>
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<thead>
<tr>
<th>KPA 3.1.1 Provision of best-practice training for staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture</th>
<th>KPA 3.2.1 Obvious presence and integration of Aboriginal and Torres Strait Islander staff across the care system</th>
<th>KPA 4.1.1 Improve identification of Aboriginal and Torres Strait Islander peoples</th>
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<tr>
<td>• Executive managers and board members</td>
<td>• Executive managers and board members</td>
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<td>• Managers and senior clinicians</td>
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<tr>
<td>KPA 4.1.2 Ensure Aboriginal and Torres Strait Islander peoples receive evidence-based ACS care</td>
<td>KPA 4.1.3 Improve discharge process and post-discharge care for Aboriginal and Torres Strait Islander peoples</td>
<td></td>
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</tbody>
</table>
How to use the toolkit

This toolkit aims to provide health practitioners with the tools and practical steps needed to ensure Aboriginal and Torres Strait Islander peoples receive clinically appropriate treatment, delivered in a culturally safe manner. It is specifically focussed on hospitals and will include engagement with Aboriginal Community Controlled Health Services and/or primary health care services.

The toolkit provides a framework for evaluating systems and processes using a CQI process to ensure minimum standards of care, cultural safety and quality are being met, and identifying practices and actions that can and/or should be improved.

The extent of improvement required will vary in each hospital depending on existing processes and projects, and current change management and CQI processes.

The following sections will help inform and guide you on how to implement the toolkit. There are five practical steps you need to undertake:

1. Assess the current situation.
2. Understand the CQI process.
3. Develop an action plan.
4. Implement the PDSA cycle for each activity.
5. Evaluate the success of your action plan.

Step 1. Assess the current situation

Implementation of this toolkit will provide a process to continually improve the systems and services you provide to Aboriginal and Torres Strait Islander staff and patients. The checklist below may help you make an initial assessment of your hospital’s current situation and ensure you don’t miss vital planning steps.

Checklist

- What other CQI projects have you undertaken before? (These projects might be known as clinical practice improvement projects, patient journey projects, LEAN thinking or redesigning care projects.)
- Does your hospital have an Aboriginal Health Impact Statement?
- What Aboriginal and Torres Strait Islander programs have you implemented in the hospital? Can you use these to assist with this project?
- What should be the first focus of a CQI project focused on Aboriginal and Torres Strait Islander health issues?
- Who needs to participate in the project?
- Who will be responsible for delivering and reporting on the CQI project?
- What is the understanding of staff members about CQI at the hospital?
- Has senior management granted approval?
- Have you sought support and engagement for projects from the Aboriginal and Torres Strait Islander community before starting?
- What resources are available to design, implement and evaluate the project?
- Do you have access to the right information during the planning cycle?
- How will you review the CQI projects?
Step 2. Understand the CQI process

You should use this toolkit to meet the specific needs of your hospital and the local Aboriginal and Torres Strait Islander community.

The CQI process provides a mechanism for developing, testing and implementing change that leads to improvement within the four domains in the toolkit.

The CQI process identified in Figure 3 is modelled on the plan, do, check, act (PDCA) cycle, published by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Department of Health and Ageing25 alongside the Australian Primary Care Collaborative Model for improvement which has been highlighted in the national appraisal of CQI initiatives in Aboriginal and Torres Strait Islander primary healthcare.

The CQI process consists of two equally important parts:

- a set of four questions that guide your improvement activities
- the plan, do, study, act (PDSA) cycle that assists the implementation of the chosen activities.

All QI projects should fall within a normal quality assurance exercise. If there are any concerns regarding ethical implications of the proposed project, seek advice from the hospital human ethics committee and/or the quality improvement committee.
The four questions that guide the CQI process are:

1. **What are we trying to achieve?** (Purpose of the project, scope, objectives)

2. **How will we know this is an improvement?**

3. **What changes can we make that will result in improvement?**

4. **Who should be involved?**

These questions help provide direction, focus and context for the improvement the hospital wants to make. Before commencing a PDSA cycle, it is important to answer these questions.

**1. What are we trying to achieve?**

It is important to get consensus on what you are trying to achieve. You need to set a specific, clearly defined aim that the whole team can understand. This will give you a better chance at success. The aim should include a target and deadline, and define the scope, boundaries and constraints for the activity.

It is important to be clear about the quality of care the hospital wants to provide. This will allow staff to have a clear focus on the expected level of care and what they are striving to achieve.

**2. How will we know this is an improvement?**

Improvement measures facilitate shared understandings and enable teams to manage and improve care. Measurement is not the goal of improvement; however, it plays a key role in understanding if changes are leading to improvement and, used properly, is an essential management tool for continuous enhancement of service quality and outcomes. Measurement is one way to understand processes and systems of care. Measures can help teams learn about, manage and, most importantly, improve care.

**3. What changes can we make that will result in improvement?**

All improvements require change but not all changes result in improvement. There is no guarantee that a change will result in improvement, and we cannot recommend any specific change. You must develop your own ideas for change and test them in your own setting. You may have greater success if the project team commits to the changes and will result in an improvement.

**4. Who should be involved?**

The success of your CQI project is dependent on having a dedicated team who are committed to implementation. This may be your CQI team or a team specifically established to achieve the objectives of the four domains. Your project is more likely to result in effective change if the team includes the people affected by the change. Working with an Aboriginal and Torres Strait Islander champion is critical to ensure the cultural aspect is integrated into the hospital system.

Passion, support and leadership of key clinical and executive ‘champions’ will help ensure positive change. Champions have the potential to improve services and outcomes within their own institution(s) and beyond. They have the ability to inspire other staff and ensure that managing the complexities of the patient journey for Aboriginal and Torres Strait Islander peoples is prioritised, monitored and improved. Aboriginal and Torres Strait Islander staff employed within the hospital, and associated primary healthcare providers, play a crucial role in providing guidance on CQI in this context.

Senior management support is also essential in the successful development and implementation of a CQI project. One way to do this is to invite a senior staff member to lead any partnership/project meetings with the Aboriginal and Torres Strait Islander community and to chair any working group meetings.
Key players in the CQI team may include:

- **Executive lead** – A champion within executive management and/or the board, who has the ability to affect change in systems and processes.

- **Clinical lead** – A senior clinician and/or senior management champion who has the ability to ensure processes are being implemented according to best practice guidelines.

- **Cultural lead** – A champion frontline Aboriginal Liaison Officer (ALO), Aboriginal Health Director or Manager, Aboriginal Health Worker (AHW) or Aboriginal Education and Training Officer or a representative from the Aboriginal Health Unit to ensure the cultural aspect is integrated into the hospital system.

“From the board room to the bedside – quality is everyone’s business.”
– Dr Cathy Balding

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**Figure 4. How staff influence best-practice care**

1. **Executive managers and board members**
   - **Govern**
   - best-practice care

2. **Managers and senior clinical staff**
   - **Lead**
   - best-practice care

3. **Frontline staff**
   - **Provide**
   - best-practice care

4. **Patients**
   - **Receive**
   - best-practice care
Step 3. Develop an action plan

Developing an action plan is a critical step in the quality improvement process as it will be used to guide the changes you are hoping to achieve. It is a good reference document for all the project team and relevant staff to know what activities are being undertaken and by who.

Your action plan should include a review of all four domains to determine the activities required. Each domain includes an objective(s) and one or two key performance areas relating to that objective. You should use the key performance areas to develop tangible activities that your health service can undertake using the PDSA cycle.

For each key performance area, there are suggested responsibilities for staff defined by role, including frontline staff, managers and senior clinicians, and executive managers and board members.

Figure 5. Developing an action plan using the toolkit and CQI model
Implementation of the toolkit is flexible to meet the individual needs of each hospital. Not all hospitals will need to undertake implementation of the entire toolkit. The activities undertaken will depend on existing process and projects, and gaps identified in service delivery. For example, a hospital may already be completing activities in two of the four domains and therefore, will only need to implement activities from the other two domains.

Implementation of one, two or three domains will not ensure best practice. It is imperative that over time the objectives of all four domains are met. For the purpose of the toolkit, structured activities have been placed under specific domains, however some of the activities may apply to multiple domains.

Hospitals may already be implementing CQI activities. It is important to integrate the activities from the toolkit into existing CQI activities and reporting requirements. This will avoid duplication and help ensure evidence is recorded.

The action plan should meet your hospital’s needs in implementing best practice activities to improve the care for Aboriginal and Torres Strait Islander patients with ACS.

Figure 5 outlines the process you can use to develop an action plan incorporating the multiple activities in the toolkit, as well as how to develop PDSA cycles for each of your activities.

**Key things to remember when developing your action plan:**
- It is important that everyone who is involved in the process has reviewed the toolkit and understands their role and responsibilities.
- Make sure you have the right people involved to enable change at the hospital.
- Some activities may require multiple PDSA cycles depending on the level of activity currently being undertaken at the hospital.

**Step 4. Implement the PDSA cycle for each activity**

The PDSA cycle is a method of turning planning into activities that can be actioned and to connect action to learning.

Once you have chosen your activities using the ‘Quality improvement planning template’, you must complete a PDSA cycle for each activity. Table 1 outlines the key questions you need to answer during each cycle for each activity.

**Figure 6. The PDSA cycle**

For each activity, complete a PDSA cycle
Table 1. The key actions in the PDSA cycle

<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>• Clarify activity(ies) to be addressed</td>
</tr>
<tr>
<td></td>
<td>• Collect and review existing data and relevant information including information on the Aboriginal and Torres Strait Islander patient experience</td>
</tr>
<tr>
<td></td>
<td>• Distinguish any barriers or enablers to the proposed activity(ies)</td>
</tr>
<tr>
<td></td>
<td>• Clarify outcomes for the activity(ies)</td>
</tr>
<tr>
<td></td>
<td>• Identify ways to measure and data to collect for the desired outcome</td>
</tr>
<tr>
<td></td>
<td>• Develop strategies to implement improvements, identifying key tasks and ensuring they are culturally appropriate and responsive</td>
</tr>
<tr>
<td></td>
<td>• Gain input and approval from relevant stakeholders/organisations, including Aboriginal and Torres Strait Islander staff</td>
</tr>
<tr>
<td>Do</td>
<td>• Assign key tasks and implement activity(ies)</td>
</tr>
<tr>
<td></td>
<td>• Monitor implementation to ensure key tasks are completed</td>
</tr>
<tr>
<td></td>
<td>• Collect and review data on activity(ies)</td>
</tr>
<tr>
<td>Check/Study</td>
<td>• Did the activity(ies) result in improvement? If not, why not?</td>
</tr>
<tr>
<td></td>
<td>• Were there any unintended consequences?</td>
</tr>
<tr>
<td></td>
<td>• Collect ongoing data on the operations of your organisation (e.g. client feedback, staff feedback, accident/incident reports, hazard reports, audits)</td>
</tr>
<tr>
<td>Act</td>
<td>• Consider the activity(ies) and improvements. Do they suggest the need for other activity(ies) for further improvements (e.g. staff training, review of procedures, changes to organisation operations)</td>
</tr>
<tr>
<td></td>
<td>• If the activity(ies) did not result in improvements, why? What next?</td>
</tr>
<tr>
<td></td>
<td>• If there were unintended consequences to the activity(ies), what needs to be done about them?</td>
</tr>
<tr>
<td></td>
<td>• Consider new data; Do they suggest improvements or new activity(ies) to be undertaken?</td>
</tr>
<tr>
<td></td>
<td>• Identify a new activity(ies) in the toolkit and consider solutions</td>
</tr>
</tbody>
</table>

*Quality improvement planning, action plan and PDSA cycle templates are included as part of this toolkit.*
Step 5. Evaluate the success of your action plan

You must self-assess your CQI project action plan. The action plan contains multiple activities and PDSA cycles, and it is important to evaluate how they all have worked.

Evaluation of your CQI activity is critical to determine if the implementation was successful. Not every CQI activity will provide positive results, but it is important to look at the impact and outcomes achieved, and learn from the experience.

Change is a fundamental component of CQI. Any CQI project involves introducing change and measuring its impact. Using change management methodologies will support successful implementation and uptake of the actions.

Self-assessment drives reflection on quality of care. It is important to regularly assess practice, recognise strengths and identify areas that can be improved using the PDSA cycle methodology. A consistent process of reflection and evaluation allows you to gain an informed picture of the current practice and the quality of care experienced by Aboriginal and Torres Strait Islander peoples. This ‘picture’ of current practice highlights and confirms your particular strengths and is the starting point for planning to improve quality.

Key questions to ask during the evaluation of the CQI activity include:

- Did the changes identify other improvements?
- If changes did not work, what next?
- If there were unintended consequences, what needs to be done?
- Was new data generated? If yes, what do they show?
- Were new areas for change and CQI identified? What can be done about this?

Self-assessment of the actions outlined in this toolkit will determine if you are achieving best-practice, evidence-based, culturally appropriate care for Aboriginal and Torres Strait Islander peoples with ACS.

ACSQHC has a range of indicators for the National Safety and Quality Health Service (NSQHS) Standards that you can use to benchmark, measure and monitor the activities you choose to undertake. ACSQHC also has a range of guides, tools, workbooks and fact sheets that you can use to help implement your activities to meet the NSQHS Standards. www.safetyandquality.gov.au