



WARDLIPARINGGA
Aboriginal Research



SAHMRI
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Trying to navigate a way forward: rehabilitation and secondary prevention experiences of Aboriginal cardiac patients

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Acknowledgement to Country

I acknowledge the Noongar people as the traditional custodians of the land we are on today

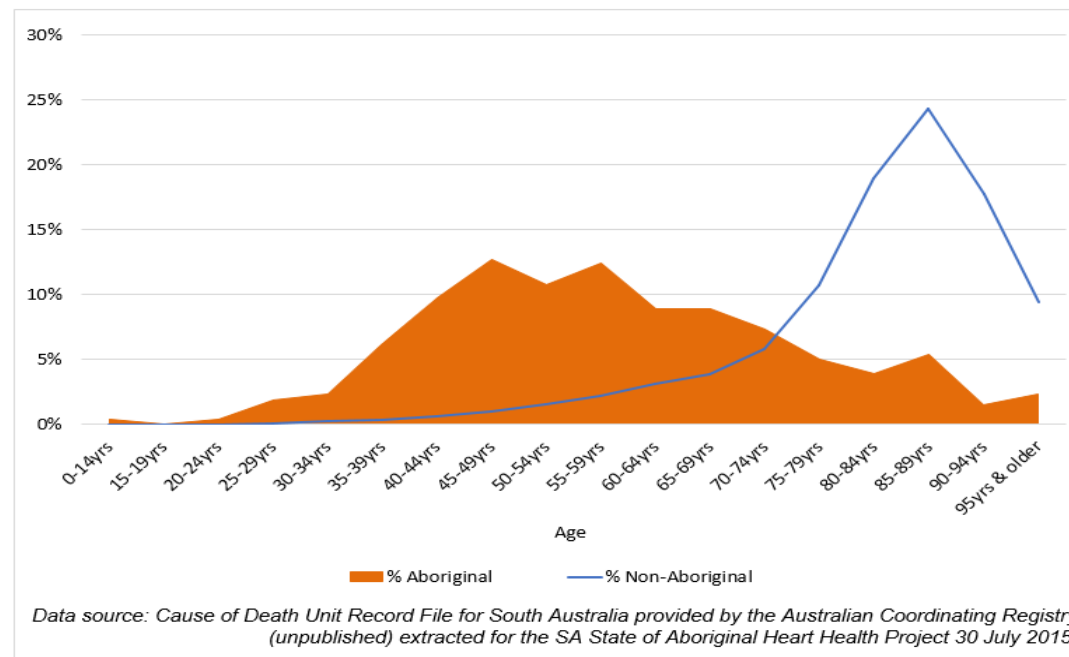
I recognise their cultural, spiritual, physical and emotional connection with their land.

I honour and pay my respects to elders, both past and present.

The problem

- Cardiac rehabilitation and secondary prevention is recognised as crucial in the treatment of Acute Coronary Syndromes but many Aboriginal patients do not receive recommended levels of care.
- The cardiovascular disease age profile for Aboriginal people is different than non-Aboriginal Australian.
- Many Aboriginal patients have co-morbidities.

Deaths from cardiovascular disease, by Aboriginal status and age, SA 2006-2012



Methods



COMMUNICATE Study - Funded by a Heart Foundation focus grant

- Investigating in-hospital communication
- In depth interviews and focus groups @ 4 hospitals in South Australia and Northern Territory
 - n=30 Interviews with Aboriginal & Torres Strait Islander cardiac patients and family members
 - n=58 interviews and focus groups hospital staff who provided care to Aboriginal & Torres Strait Islander patients
- Literature Review
- Review of relevant Australian Standards and Frameworks
- Thematic analysis regarding their patient and staff knowledge and experiences
- Analysis against Australian Standards and Frameworks



Northern Territory:

Katherine Hospital,
Royal Darwin
Hospital (staff),
Danila Dilba Health
Service (Darwin)
(patients)



South Australia: Port

Augusta Hospital (staff)
Pika Wiya Health Service
(Port Augusta) (patients),
Royal Adelaide Hospital

Patients receive varying levels of cardiac information

- Many had poor understanding of their condition, its causes and prognosis.
- Staff found it hard to provide relevant education without an understanding of patients background and this took time to establish.
- Patients highly valued communication with staff and liked the use of resources, models and pamphlets that they could the use to share information with family.
- Resources were often missing on the wards.
- It was valuable for all parties to include ALO/ILO's in education but must educate ALO's/ILO's first.
- Patients wanted information at different times and in different ways through out their hospital stay but with consistent and straight forward content.
- Escorts and family members want information about the condition and what was needed in follow-up after hospital as often over protective.
- Important to share information with primary care services for continuity of messages.

Quotes

“They explained the medications to me in the hospital but at the time the future seemed a bit vague” P4

“They were all there drawing pictures, using the white board in my room. They went through it step by step. They did not use big words.” P8

In three hospitals staff remembered having seen a flip chart, but could not locate it.

“ We do have new resources but we don’t use them very much. – can’t locate them”(S1).

“Creating the space to provide this information where we can sit down with our patients, ideally outside, natural light, natural warmth, and just have these conversations that aren’t long dictatorial conversations, they are winding conversations where we get to the right health outcome” (S7).

Results

Patients act on clear information about their illness, care needs and personalised secondary prevention messages. They were particularly committed to making changes following their hospitalisation.

- Many patients interviewed 3-6 months discharge had their own established rehabilitation activities, often in collaboration with families and primary health carers
- These included making improvements in diet, exercise, and where relevant quitting smoking.
- Motivation was usually family, particularly grandchildren
- Post hospital session provided the space for thoughtful discussion

Frustration expressed across each location at the lack of accessible, appropriate and responsive rehabilitation information and services that spanned in hospital and post discharge care, particularly for younger patients and those in more remote locations.

- Very few patients were involved with formal, hospital based outpatient Cardiac Rehabilitation Programs

Discussion & Conclusion

- Given the poorer cardiac outcomes for the Aboriginal population and a younger age profile, it is critical that these patients receive effective cardiac rehabilitation and secondary prevention education in hospital and post discharge.
 - Must increase accessibility and responsiveness of cardiac rehabilitation programs, particularly for younger clients.
 - Must link with primary care services and include family members and family based strategies.
 - Innovative “out of hospital” models to engage patients, their families and specialist services should be explored.

Take home messages

- Invest in building relationships with patients and family members
- Create space for two way clinical and cultural conversations
- Involve family members in planning and decision making
- Ensure access to quality resources, both people and tools
- Link to primary health care provider, especially for remote and regional patients
- Understand the importance of communication regarding plans for discharge, rehabilitation and follow-up
- Understand the context in which all communication activities are undertaken

Factors Influencing Effective Communication

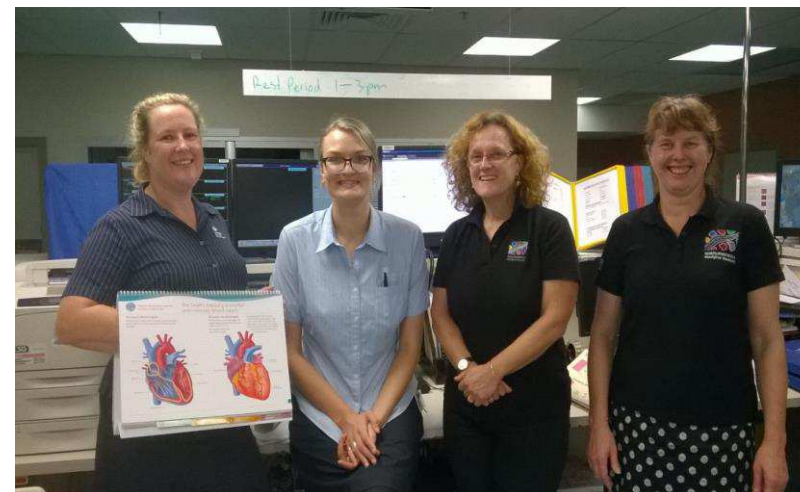
Between Aboriginal and Torres Strait Islander
Patients, Family Members and Health Professionals



Acknowledgements

We thank the Aboriginal and Torres Strait Islander patients, their families, primary care and hospital staff who participated in this project for the generous contribution of their personal experiences, insights and expertise.

We will continue our commitment to work with you to ensure that your organisation and the community that you service benefit from the research we have undertaken.





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Actions which relate to meeting the needs of Aboriginal and Torres Strait Islander peoples from the National Safety and Quality Health Service (NSQHS) Standards (Version 2) to be released 2017/18

Standard	Action
Partnering with Consumers	2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health care needs
Clinical Governance for Health Service Organisations	1.2 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
	1.4 The health service organisation implements and monitors targeted strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
	1.21 The health service organisation has strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
	1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people
Comprehensive Care	5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin , and to record this information in administrative and clinical information systems