
Better Cardiac Care for Aboriginal and Torres Strait Islander people

Initiative Type

Education and Training

Model of Care

Status

Close

Added

24 January 2018

Last updated

22 October 2023

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/cardiac-care-atsi>

Summary

The Aboriginal and Torres Strait islander Better Cardiac Care Project Team was established at the

Princess Alexandra Hospital (PAH) in February 2015. The PAH is the Tertiary Cardiac centre for Metro South and surrounding hospital and health services. The project is supported and endorsed by the Aboriginal and Torres Strait Islander Health Branch and funded under the making Tracks Investment Strategy. Princess Alexandra Hospital is one of five Queensland and one of 18 hospitals nationally participating in Phase 3 of the Heart Foundation Lighthouse hospital project. Project aims include systemic change in the acute sector through a quality improvement approach, focused on improving health outcomes and the acute care experience for Aboriginal and Torres Strait Islander (A&TSI) people. The project was a finalist in the Connecting Healthcare Category at the 2017 Queensland Health Awards for Excellence.

Key dates

Feb 2015

Dec 2017

Implementation sites

Princess Alexandra Hospital

Partnerships

Aboriginal and Torres Strait Islander Health Branch Local Aboriginal and Torres Strait Islander Community Controlled Health Organisations

Key Contacts

Vivian Bryce

0093

paul.blee.hiu

Clinical Nurse Consultant

Metro South Hospital and Health Service

Aim

Improve health service responsiveness for Indigenous Queenslanders with cardiovascular disease.

Benefits

Optimisation of the health service in the identification, intervention, ongoing management and rehabilitation of Queensland Aboriginal and Torres Strait Islander cardiac patients.

Background

Cardiovascular disease is the leading cause of mortality for A&TSI people in Queensland with one in eight A&TSI people diagnosed with a cardiac condition. Queensland Health's response to this AHMAC priority has been the development of the [Queensland Aboriginal and Torres Strait Islander cardiac health strategy 2014-2017](#). This strategy provides clear direction on how we can improve health service responsiveness for Indigenous Queenslanders with cardiovascular disease.

Solutions Implemented

The team consists of Clinical Nurse Consultants, an Indigenous Hospital Liaison Officer, Cardiologist, Pharmacist, Cardiac Scientist and administrative staff. Utilising an interprofessional team, the project teams aim is to improve access, support and knowledge to evidence based culturally safe cardiac care for Indigenous people. The team provides support and advocacy during the patients inpatient stay. At the point of discharge the team actively links the patient to community support, GP and Specialist follow up. From an outpatient perspective the team supports, navigates and co-ordinated cardiology care pathways for the patients and provides a link to specialist investigations and care.

Evaluation and Results

Cardiology education forums for community staff working with A&TSI Islander have been delivered. Three cardiology education days have been successful run over the duration of the project with 40 participants attending from the various A&TSI services within the community both in person and through Teleconference. The case management model of care that exists within the hospitals acute setting has had significant results including a decrease in 28 readmission rate for A&TSI patients

Lessons Learnt

The importance of working with the hospital Indigenous liaison officers to support building trust and communication with clients and integrating them into providing a clinical health service. Integration of cardiac clinic support both within the hospital and community settings significantly improves access and continuity of care. Understanding the person's circumstances and having the capacity to be flexible to ensure appropriate discharge planning and linking to their primary health care provider.

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