Aboriginal And Torres Strait Islander Pre-Surgery Health And Wellness Check

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Summary
The purpose of this project is to develop a culturally and clinically appropriate preoperative phone

health and wellness check to identify and support Aboriginal and Torres Strait Islander patients, to

ensure patients are appropriately prepared to undertake surgery.
Key dates
Jun 2020
Nov 2020
Implementation sites
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To develop a culturally appropriate preoperative telephone health and wellness check that will:

• improve surgical attendance rates for Aboriginal and Torres Strait Islander elective surgery

patients

- identify and support patients, to ensure they are appropriately prepared to undertake surgery
- · address the clinical, cultural and non-clinical factors that could impact their surgical journey

Benefits

The major benefit of this project has been the increased access to timely surgical care and improved health outcomes for Aboriginal and Torres Strait Islander people. By developing and implementing a specialised, culturally appropriate Aboriginal and Torres Strait Islander pre-surgery health and wellness check and utilising key staff to support the development of trusting relationships, this project was able to advocate for health and wellbeing of Aboriginal and Torres Strait Islander patients. The increased preoperative communication reduced patient-initiated surgical cancellations and provided the foundation for future care.

This project helped to highlight that there was no dedicated pathway to support Aboriginal and Torres Strait Islander patients throughout their hospital journey. This model has helped to identify the individual and systemic barriers that Aboriginal and Torres Strait Islander patients may face during preoperative preparation and by working in partnership with our clinicians and Indigenous hospital services, has created a culturally competent care pathway for our patients.

Background

In Australia, the Aboriginal and Torres Strait Islander population have several risk factors and are more likely to experience higher rates of postoperative morbidity complications and mortality after surgery.

Solutions Implemented

The culturally appropriate preoperative phone health and wellness check template was developed utilising the clinical and cultural expertise of staff and feedback from Aboriginal and Torres Strait Islander patients. The project team successfully developed an automated daily report that extracts relevant information for Aboriginal and Torres Strait Islander patients booked for surgery at seven days and three days ahead, prefilling this into the designed health and wellness template. This is delivered daily to the Nurse Navigator to conduct these preoperative screening checks. This quality improvement project utilises Model-for-Improvement methodology, integrating Plan-Do-Study-Act cycles to implement, assess and improve the intervention.

Evaluation and Results

The rate of Aboriginal and Torres Strait Islander patient-initiated surgical cancellations was measured

during the six-month pilot project. The results were compared to the same timeframe in the previous year and demonstrated a 45.5% decrease in Aboriginal and Torres Strait Islander patient - initiated cancellations. When deconstructing the patient-initiated cancellations it was identified that there was a 33.3% decrease in failing to attend and an 82.4% decrease in patients calling to cancel surgery within 24hours of surgery.

Lessons Learnt

We learnt that patients embraced the person-centred approach as this allowed them to build rapport with their clinicians and feel empowered to be more involved in their care and decision making. The early identification of issues provides clinicians time to mitigate the flow-on effect that leads to surgical cancellations, by connecting patients to appropriate support services.

The partnership built between Surgical and Perioperative Services and Indigenous Health Services is creating strong relationships between clinicians and Indigenous Hospital Services to improve cultural awareness.

Innovative methods of increasing communication across the board allows for cohesion and improved surgical preparation for both patients and clinicians.

The main challenge encountered during this project was the limited resources - the development and implementation of this project was in addition to the project team's usual workload, and this may have impaired the ability to achieve even more successful results.

References

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