
Focus on Culture During COVID-19

Initiative Type

Model of Care

Status

Deliver

Added

05 March 2022

Last updated

30 June 2022

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/focus-culture-during-covid-19>

Summary

This project details how the Sunshine Coast Hospital and Health Service (HHS) Aboriginal and Torres Strait Islander Health team responded to COVID-19 and the challenges experienced in the community. Our working and community relationships were certainly impacted and our story shares how our teams engagement with community members, learnt new ways of communicating and adapted to additional workloads. We focussed on remaining available to support community,

implementing a flu vaccination clinic in a pandemic environment, conducting follow up phone calls from fever clinic presentations and adapting to life with COVID-19 hotspots and re-emerging from isolation as quickly as possible. The service delivery changes included: pre-screening calls one day prior to face to face appointment; contract tracing training; re-iteration of stay at home messaging; and reaching out to the community to contact Sunshine Coast HHS professionals if they needed support.

Key dates

Oct 2020

Dec 2021

Implementation sites

Caloundra, Nambour and Gympie

Partnerships

North Coast Aboriginal Corporation for Community Health (NCACCH), other rHHSs

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Aim

Being aware of the challenges faced by the Aboriginal and Torres Strait Islander community, as a team our aim was to continue to deliver same or equivalent supports to community during the COVID-19 pandemic. We understood that community would draw hope and strength from our consistency and each team member demonstrated compassion and understanding, asked what the community needed and worked to support other team members and families throughout this pandemic.

Benefits

Saving on travel time through adoption of new communication methods such as Microsoft Teams, is still used widely. Community group meetings, such as National Aborigines and Islanders Day Observance Committee (NAIDOC) and Sunshine Coast Indigenous Network group have also continued to use these connection avenues.

Background

With consideration given to the challenges faced by the Aboriginal and Torres Strait community, Sunshine Coast HHS realised they had to respond quickly and decisively in this uncertain time. Community challenges included: less gatherings, cancelled events, family and social isolation, mental health decline, financial pressures and accommodation issues. In the working environment challenges included: new ways of communicating, social distancing and additional workload pressures.

Solutions Implemented

From March 2020, our team contacted all Aboriginal and Torres Strait Islander patients that were swabbed through the Fever Clinics on the Sunshine Coast, this exercise was to find out if patients needed assistance or support with services, advising on isolation until results were known and what that means for them and their families. While we still provided support and assistance to our Aboriginal and Torres Strait Islander community with access to health workers, a social worker was made available to advocate and support clients experiencing extreme barriers around homelessness and housing issues due to COVID-19. Another solution implemented was the Flu Vaccination Clinic for Aboriginal and Torres Strait Islander community, encouraging our mob to get vaccinated,

conducted under strict COVID-19 social distancing measures in April/May 2020. NAIDOC hosted an online event in November 2020 - sponsored in-kind by SCHHS Aboriginal and Torres Strait Islander Health Team.

Evaluation and Results

From March 2020 to December 2020 (10-month period) it is estimated that 663 Identified Aboriginal and Torres Strait Islander patients were swabbed through the Sunshine Coast HHS fever clinics, with a large portion of this number contacted by our team regarding their results and any supports we could assist with and proactively offering flu vaccinations through our clinic. Only one confirmed positive case of COVID-19 in March 2020, with this patient receiving treatment and recovering well at home isolation. Whenever a hotspot was declared anywhere in Australia, the fever clinics saw an increase in patients. Interestingly, the gender breakdown saw female patients outnumber male patients presenting to fever clinics. Ages of which ranged from 0-5 to 45-50 age groups.

Lessons Learnt

to remain vigilant regarding hand hygiene considering the reduced number of influenza cases the importance of community connections and contacts adaptability in your planning because of possible staff shortages

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