

Improving the Journey

for Remote Area Aboriginal Cardiac Patients Travelling Long Distances to Hospital

Policy context

Many Aboriginal people, especially those living in remote areas, are required to travel vast distances to hospitals for surgery, often with life-threatening conditions. Language issues, poor inter-agency coordination, cultural misunderstandings, emotional and physical stress, travel and financial problems all make this a potentially emotionally draining, dangerous and inefficient process for both the patient and the health system. Remote area patients scheduled for surgery may not show up, or attend but are then not able to have surgery because they are unprepared psychologically and clinically.

This nurse-led study in the cardiac area suggests that relatively small and inexpensive modifications to existing systems and practices can lead to significant improvements in health outcomes for these Aboriginal patients.

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For a full report: available in PDF for download or by order from the CRC for Aboriginal Health website (www.crcah.org.au).

Background

Aboriginal people commonly experience a complex set of acute or chronic co-morbidities requiring tertiary level (hospital) interventions. For many patients from remote communities, addressing these health circumstances is further complicated by having English as a fifth or sixth language and needing to travel long distances to access care. The journey from primary- to tertiary-based care can include events such as leaving families and familiar surroundings for the first time, and foreign experiences such as boarding and travelling on a plane, arriving in an unfamiliar city, being admitted to a major tertiary teaching hospital, entering and operating a lift, experiencing unfamiliar languages, food and noises, and dealing with Western medical practices.

Adelaide-based cardiac nurse Monica Lawrence's insight into these issues, based on her own experience of working with Aboriginal patients in the surgical ward of a large metropolitan hospital, led her to develop and drive this research project as part of a Master of Nursing thesis.

Why the CRCAH is promoting this research

The goal of the CRCAH's Comprehensive Primary Healthcare Health Systems and Workforce program is to improve the performance of health systems, with a particular focus on maximising health gains for Aboriginal people. Although not funded by the CRCAH, this high-quality research project fits within the program area and warrants widespread recognition.

The project aims to:

- Improve quality and safety of care for remote area Aboriginal cardiac patients.
- Develop an alternative model of care for this patient group, based on a clinical/cultural approach and improved communication.
- Determine whether an alternative model of care enhances patient outcomes and overall hospital efficiencies.

How the research was done

Between 2005 and 2007, a participatory action research approach was used to increase understanding of patient and system needs and experiences. A pilot Remote Area Nurse Liaison Service was established in early 2007 to implement these learnings.

What was learned

- Inadequate pre-operative preparation of patients prior to leaving remote communities was a major factor in unforeseen delays or cancellation of surgery due to the presence of undetected/uncontrolled health problems, separate from the admitting cardiac condition.
- The transfer of care from primary- to tertiary-based health services for Aboriginal people journeying from remote locations is currently uncoordinated and fragmented, resulting in high incidences of 'no shows' or 'lost to follow-up' patients.

- Aboriginal people transitioning from remote locations to acute cardiac care often have a complex set of acute and chronic co-morbidities and may experience intense fear, anxiety and stress associated with travel over cultural and geographical borders. They often experience 'feeling lost' associated with disconnection of mind, body and spirit when travelling for tertiary care.
- The Patient Assisted Travel Scheme (PATS) can be difficult for remote area Aboriginal people to understand and to access. Even when PATS is accessed, the financial subsidy is generally insufficient to pay for travel and accommodation costs and then may only cover the patient, but not any accompanying family members and/or carers.
- Aboriginal people transitioning from remote locations to acute cardiac care require effective, often individualised, and culturally relevant coordination of this pathway.
- Clinical care in acute settings needs to take account of cultural diversity and respond in culturally safe ways.
- Effective intercultural communication and liaison between primary and tertiary settings improves patient access to care and outcomes by ensuring psychological preparation for surgery and post-operative recovery, as well as medication management and dental fitness for surgery, informed consent, and the transferring and sharing of knowledge.

Key messages

- Lack of communication and coordination of care pathways for cardiac patients transitioning from primary health care to tertiary care impacts profoundly on access, equity/safety and quality of care at all levels.
- Aboriginal people travelling from remote locations for tertiary care have particular culturally based needs in terms of the duty of care of health care providers.
- Remote area Aboriginal patients will be greatly assisted financially by improving PATS, so that accommodation and travel funding for both patients and their carers/escorts is increased to more realistic levels.
- A remote area clinical/cultural nursing liaison service within the hospital-based clinical unit has been demonstrated to support effective interdisciplinary and intercultural communication and liaison between primary and tertiary settings, reduce 'no shows', improve care and lead to better outcomes for patients.

Achievements so far

This research has already resulted in substantial outcomes for remote area Aboriginal patients, having:

- Led to the establishment of a funded Remote Nursing Liaison position within the Cardiac Unit at Flinders Medical Centre, Adelaide.
- Improved discharge planning and sharing of health information across geographical boundaries, especially in terms of cardiac rehabilitation education and the management of heart failure.

- Informed submissions to a Commonwealth Senate Inquiry into Indigenous health issues and influenced key recommendations on improving PATS in the resultant Senate Report, *Highway to Health: Better Access for Rural, Regional and Remote Patients*, which was released in September 2007.
- Informed the development of a clinical model of care for a recently completed Stepdown facility in metropolitan Adelaide that provides a safe place for recovery for Aboriginal people discharged from hospital.
- Strengthened existing linkages and partnerships between some government health agencies in South Australia and the Northern Territory, to foster coordination and accountability across jurisdictions and the continuum of care.
- Prompted interest from the Australian Nursing Federation as a positive health initiative that, in consultation with Indigenous communities, could be applied nationally to help 'close the gap' in Indigenous health outcomes.

The research has also informed the clinical model for, and identified key stakeholders who should be involved in, the establishment of a new Family Wellbeing Centre in southern Adelaide. The Centre aims to provide safety and quality of care within a culturally appropriate environment for Aboriginal people accessing primary, secondary and acute care services.

REFERENCES

Lawrence, M. 2007, *Do You Understand? How Does the Aboriginal Person from the Remote Community Experience Their Trajectory of Care for Cardiac Surgery at a Metropolitan Teaching Hospital*, Master of Nursing thesis, Flinders University.

Parliament of Australia, Senate Standing Committee on Community Affairs 2007, *Highway to Health: Better Access for Rural, Regional and Remote Patients*. Available at: <http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2004-07/pats/index.htm>.

