Insiders/outsider perspectives on an evaluation of a model of care for Aboriginal patients transferring from hospital to community

aes19 International Evaluation Conference

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Acknowledgment of Country

We acknowledge the traditional owners of the lands on which we are meeting today, the Gadigal people of the Eora nation. We acknowledge the traditional owners of the land of where the evaluation was conducted, the Dharawal, Gundungurra and Darug people. We pay our respects to the Aboriginal Elders past, present and emerging.

Acknowledgements

ATOC team members and other contributors to program design and implementation

Research team members: South Western Sydney Local Health District, Western Sydney University, NSW Health

48 interviewees: service providers, managers and users

NSW Health Translational Research Grant Scheme

Overview

- ATOC Model
- Evaluation Design
- Qualitative Component Findings
  - Governance
  - Patient Experience
- Insider & Outsider Perspectives
- Conclusion

Aboriginal Transfer of Care (ATOC) Model

ATOC is a hospital-based model of care that brings together cultural, psychosocial and clinical perspectives to ensure Aboriginal patients with chronic conditions are safe and supported when they leave hospital.

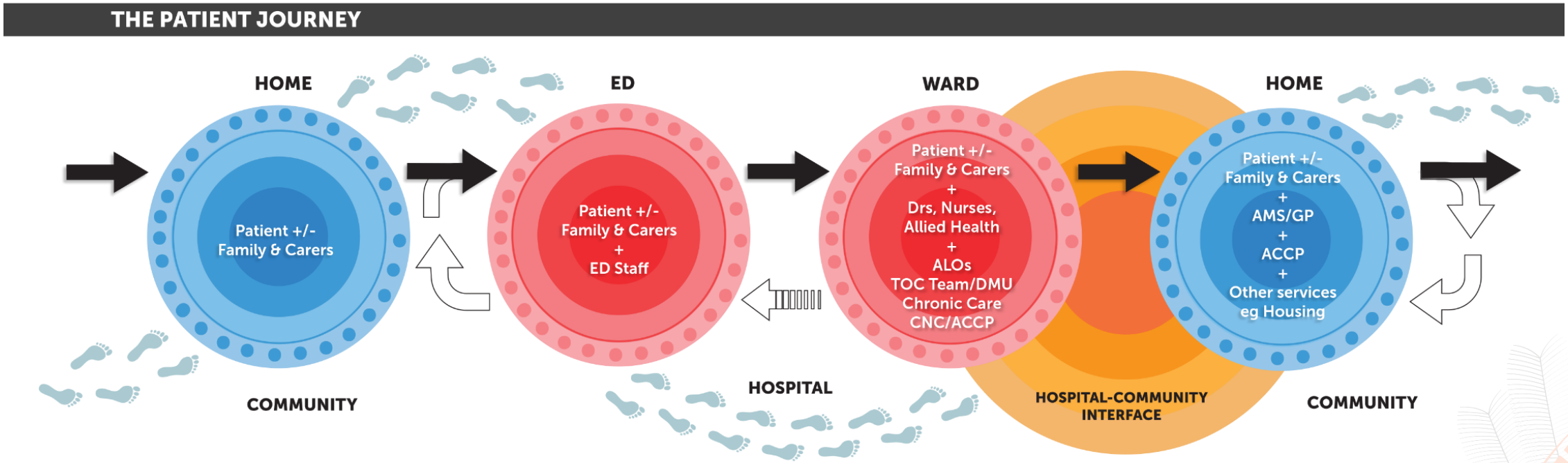
ATOC Model: Rationale

- Address the population health need
- Respond to patient needs
- Strengthen the Aboriginal Liaison Officer voice
- Feedback from community-based stakeholders

ATOC Model: 5 elements

1) Transfer of care planning by a multidisciplinary team
2) Patient and carer/family understand the follow up care plan
3) Patient's GP/AMS aware of follow-up arrangements
4) Referrals organised with community providers, such Housing
5) Patient has medications, equipment and written patient summary information prior to transfer of care

ATOC Model: Patient Journey



Evaluation Design

- Partners—SWSLHD, WSU and NSW Health
- Three components:
  1 & 2 quantitative, 3 qualitative
- Governance

Evaluation Findings

"We had the right people around the table"

Understanding the structures that enable safe and supported Aboriginal transfer of care from hospital to community

Aboriginal people with chronic conditions are more likely to leave hospital with incomplete transfer of care and to be readmitted after a recent hospitalisation. The SWSLHD Aboriginal Transfer of Care (ATOC) program was developed at Campbelltown Hospital, which is on Dharawal country home of the Lyrebird, and later introduced to Liverpool Hospital which sits on Darug country where the Goanna lives. This poster tells part of that story. It is based on qualitative findings from an evaluation of ATOC being conducted by SWSLHD and Western Sydney University and funded by NSW Health.

The circles hold the cultural yarn about knowledge sharing (How the Lyrebird met the Goanna). The boxes at the bottom describe the ATOC elements, critical success factors and outcomes. The diagram in the middle illustrates the governance structures and service partnerships that enable the program.

Across the lands of the Dharawal people yarns were going round about how their sick people were leaving community to heal. Some people would go to a healing place for a short time and others for longer. The Dharawal community knew the sick people needed to leave but their 'families' didn't know what to do when the sick people came home.

One day the knowledge holders from the healing place came and spoke to the Dharawal Elders and leaders. They wanted to know how our people could stay well in community for longer. An agreement was made to combine the practices of the Dharawal community and the healing place. The knowledge holders met with the Dharawal families everyday to make sure that the community had what they needed to keep their people well.

SWSLHD Aboriginal Health Committee of the Board

Hospital Aboriginal Health Committee

Aboriginal Transfer of Care (ATOC)

Aboriginal Chronic Care Program (ACCP)

Tharawal AMS Gandangara Health Services GPs /PHN (Partnership)

Monthly shared client reviews/meetings

FACS Housing (Partnership)

The Dharawal people were so happy with what they had learned and they wanted to share this with the Darug people. So the Dharawal called on the Lyrebird to help share their message. The Lyrebird is an imitator and a cleverman and they knew that he could make any sound his own.

The Lyrebird did not know the Darug people but he had heard they trusted the Goanna. The Lyrebird knew that the Goanna was tough and able to survive in any environment as long as there was sun to give him energy. The Lyrebird explained to the Goanna that the knowledge holders helped to bring a new light to the Dharawal people. The Lyrebird learned that the Goanna was adaptable and resourceful and he trusted the Goanna to share this knowledge and continue the healing.

Critical Success Factors

- Strong cultural and clinical leadership that is ongoing
- Shared values; commitment to health equity
- Buy-in from all levels of management and service partners
- Effective ways of working between/across teams and partnerships; consistency

ATOC 5 Elements

1. Transfer of care planning by a multidisciplinary team
2. Ensuring that the patient and their family understand the follow up care plan
3. Ensuring the patient's GP or Aboriginal Medical Service is aware of any follow-up arrangements
4. Ensuring referrals are organised with community providers
5. Ensuring that the patient has the necessary medications, equipment and written patient summary information prior to transfer of care

Outcomes

- Patients have improved transfer of care experience and feel safer going home
- Increased trust in hospitals
- Stronger partnerships between services
- Partnerships are utilised to develop other Aboriginal health programs

Health
South Western Sydney
Local Health District

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This poster draws from the findings of an evaluation of the ATOC program, funded by NSW Health's Translational Research Grant Scheme. Interviews were conducted with 48 participants including patients and their family and carers, and hospital and community staff.
Poster presented at Aboriginal Chronic Conditions Network Conference–Power in Partnerships, Sydney, 27–28 August 2019
Authors: George Bloomfield, Raylene Blackburn, Julie Collins, Anau Speizer, Karen Beetson, Nathan Jones, Liz Norsa and Ilse Blignault Artwork & Design: Karen Beetson & Designs By Ajc
Contact: Nathan Jones at Nathan.jones3@health.nsw.gov.au

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Evaluation Findings

Teamwork improves Aboriginal patients' continuity of care from hospital to home

ATOC 5 Elements

1. Transfer of care planning by a multidisciplinary team
2. Ensuring that the patient and their family/carer understand the follow-up care plan
3. Ensuring the patient's GP or AMS is aware of any follow-up arrangements
4. Ensuring referrals are organised with community providers
5. Ensuring the patient has the necessary medications, equipment and written patient summary information prior to transfer of care

ACCP

Community-based program:

a. 48hr follow-up
b. Care coordination
c. Specialist services
d. Supplementary services

Legend

ACCP = Aboriginal Chronic Care Program
ALO = Aboriginal Liaison Officer
AMS = Aboriginal Medical Service
CNC = Clinical Nurse Consultant
DMU = Demand Management Unit
ED = Emergency Department
GP = General Practitioner
TOC = Transfer of Care

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Evaluation Team: Insider & Outsider Perspectives

Deputy Director of Aboriginal Health Unit

- Leadership
- Insider perspective
- Two languages with one voice

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"We had the right people around the table"

Understanding the structures that enable safe and supported Aboriginal transfer of care from hospital to community

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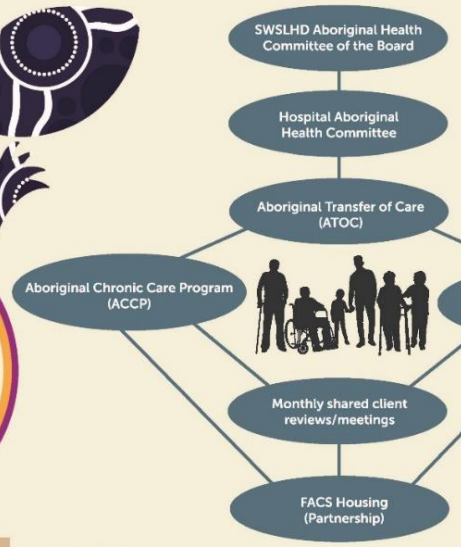

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Aboriginal Liaison Officer

- The ‘A’ in ‘ATOC’
- Insider perspective
- Being the ‘glue’ by brokering relationships

Research Officer

- Recruitment & role
- Outsider perspective
- Taking the time

Concluding Comments

- Collaborative participatory approach
- Common in Aboriginal health evaluations
- Credibility
- Privileging Aboriginal voices
- Reflection and two-way learning

Authors: Nathan Jones, Karen Beetson, Anau Speizer, Raylene Blackburn, Liz Norsa & Ilse Blignault

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