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Yashni Kander

Tania Davidovic

Geoffrey Binge

Patricia Kennedy

See next page for additional authors

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Improving access to quaternary and tertiary health services for Aboriginal and Torres Strait Islander patients by addressing their social, emotional and spiritual wellbeing

Authors

Yashni Kander, Tania Davidovic, Geoffrey Binge, Patricia Kennedy, and King Law

Authors

Yashni Kander

MHlthAdmin&Leadership, BN, RN
Nurse Navigator Aboriginal and Torres
Strait Islander and Multicultural Health,
Royal Brisbane and Women's Hospital

Tania Davidovic

Diploma Health Science, RN
Clinical Nurse Gastroenterology
Department, Royal Brisbane and
Women's Hospital

Geoffrey Binge

BEd
Cultural Capability Officer, Royal
Brisbane and Women's Hospital

Patricia Kennedy

BTeach (Adult&Vocational)
Team Leader – Indigenous Hospital
Liaison Service, Royal Brisbane and
Women's Hospital

King Law

MInf Tech
Perioperative Services Data Manager,
Royal Brisbane and Women's Hospital

Corresponding author

Yashni Kander

MHlthAdmin&Leadership, BN, RN
Nurse Navigator Aboriginal and Torres
Strait Islander and Multicultural Health,
Royal Brisbane and Women's Hospital

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Abstract

Our facility had no specific admission pathway to support the admission of Aboriginal and Torres Strait Islander patients for planned gastroenterology procedures. The project aimed to decrease failure-to-attend rates with a health and wellness check that uses a yarning approach to support patients' social and emotional well-being. The program was adapted from a previous model in surgical services that had significantly reduced non-attendance and cancellations. Results from the three-month pilot showed a decrease in non-attendance from 6.6 to 4.1 per cent, underscoring the effectiveness of the approach and benefit to Aboriginal and Torres Strait Islander peoples by improving their access to tertiary health services.

Keywords: Aboriginal and Torres Strait Islander patients, cultural considerations, health and wellness checks, co-design, health care collaboration, social and emotional wellbeing, improving access to health services

Problem identification

The difference in life expectancy between Indigenous and non-Indigenous populations in Australia is currently 10.6 years for males and 9.5 years for females¹. Ensuring access to tertiary and quaternary health services for Aboriginal and Torres Strait Islander people is essential if we wish to close this gap. Many Aboriginal and Torres Strait Islander people experience health-related, social and economic disadvantages that hinder their access to specialist health services. Despite a greater need for support, Aboriginal and Torres Strait Islander people are slipping through the gaps of our current one-size-fits-all system that prepares patients for planned hospital admission².

As a result, they are more likely to experience delays in essential and even life-saving treatments.

We completed a successful proof of concept pilot of a social, cultural and emotional wellness check (health and wellness check) in the surgical and perioperative service at Royal Brisbane and Women's Hospital (RBWH)². During that pilot study, pre-surgery checks were conducted for six months, resulting in a 45 per cent decrease in patient-initiated cancellations and a 33 per cent decrease in failure-to-attend rates. Of the 505 Aboriginal and Torres Strait Islander people contacted, 52 per cent were confused regarding preparation for surgery, 21 per cent requested more information regarding their procedure, 14 per cent had

medical issues that could lead to cancellations, and 5 per cent were unwilling to attend their surgery.

The purpose of the health and wellness check is to ensure that Aboriginal and Torres Strait Islander patients have their social and emotional needs addressed so they are appropriately prepared to access treatment. This is achieved by the Aboriginal and Torres Strait Islander liaison officer and nurse navigator connecting meaningfully with patients to assess their needs, facilitate early referral and connect them to appropriate support services. Health and wellness checks are conducted with a yarning approach that builds rapport and meaningful disclosure of personal issues while maintaining cultural integrity. The wellness check is not simply a checklist, form or set of questions – it is a philosophy of care that embraces an indigenous ideology of holistic health care and the importance of social and emotional wellbeing.

The health and wellness checks involve a proactive approach to patient engagement. The nurse navigator identifies individuals through the hospital scheduling system and conducts comprehensive phone interviews on days 7 and 3 before their scheduled admission for their procedure. The interviews

delve into details, encompassing admission particulars, referrals, current clinical status and, crucially, cultural considerations. By incorporating cultural elements into the assessment process, the initiative recognises the diverse needs of patients, particularly focusing on the social and spiritual well-being of Aboriginal and Torres Strait Islander individuals.

Implementation strategies

The three-month pilot program aimed to adapt the surgical pre-admission health and wellness check for the RBWH gastroenterology department. The adaptation process adopted a co-design method, employing human-centred design. This approach ensured that the health and wellness check was not a rigid, checklist-driven process but a dynamic and adaptive system that truly addressed the needs and preferences of the patients and the service. A Cultural Advisory Committee, led by an Aboriginal and Torres Strait Islander community member, provided advice and ensured that the initiative aligned with the cultural nuances and preferences of the community.

A significant part of this initiative was a training program designed to enhance the skills of staff in

addressing the specific needs of Aboriginal and Torres Strait Islander patients by connecting them with the appropriate support services. The program was co-designed in partnership with the local community. The program covered nurse navigation, Indigenous hospital liaison service and community interface services discharge planning, and employed innovative cultural awareness training methodologies such as patient stories, role play and simulation. The training was complemented by an implementation toolkit with practical resources such as policies, procedures, checklists, forms and educational materials to guide clinicians. It was crafted to assist with the integration of the wellness check into the existing workflow.

Findings

This project aimed to assess the influence of health and wellness checks on patient attendance at gastroenterology procedures. Figure 1 summarises the outcomes for the 72 patients included in the project.

Attendance

In the patient cohort who answered at least one call, 90 per cent successfully completed their scheduled procedure or were

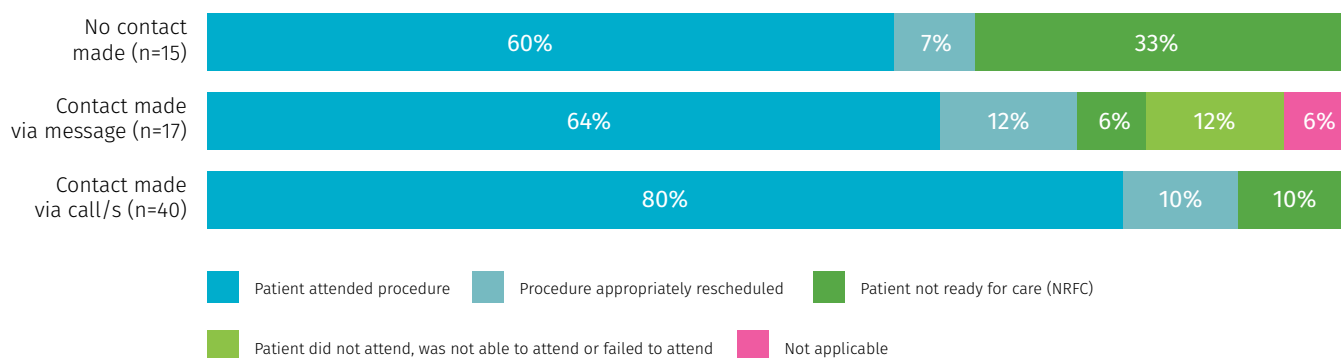


Figure 1: Contact outcome versus attendance outcome (N = 72)

appropriately rescheduled. In contrast, only 67 per cent of patients who were not contacted successfully completed their procedure. This indicated the positive impact of the health and wellness checks on care coordination. Interestingly, there was also an improvement in attendance in the cohort of patients who were not contacted but a message was left – 18 per cent did not attend compared to 33 per cent of patients who were not contacted. These findings underscore the role of effective communication in improving patient engagement and attendance.

Figure 2 shows the percentage of patients that failed to attend for the months from October 2021 to May 2023. The average percentage for the control months (October 2021 to January 2023) was 6.6 per cent. The average percentage for the three months of the project (March, April and May 2023) was 4.1 per cent.

The reduction in the failure-to-attend rates from 6.6 per cent to 4.1 per cent underscores the effectiveness of the measures

taken during the study, reflecting an improvement in the overall management of patient appointments and, consequently, a positive influence on the hospital's operational efficiency. This shift in rates not only signifies a successful implementation of the health and wellness check but also highlights the potential for continued optimisation of health care services through targeted interventions focused on social, cultural and emotional well-being.

Significance of cultural understanding

There are several cases that demonstrate the significance of cultural understanding. In one instance, a patient felt comfortable sharing sensitive information about their marijuana use during a health and wellness check, which resulted in a more effective care plan. Another case involved identifying and treating chronic wounds that had not been addressed previously, leading to improved admission outcomes. Another example involved

coordinating transportation and accommodation for a patient with diabetes who had amputated toes. Finally, there were many instances where patients and their families were able to reschedule appointments, resulting in better patient flow and resource utilisation for the hospital.

Challenges

The health and wellness checks identified many challenges faced by Aboriginal and Torres Strait Islander patients in accessing health care services (see Figure 3). These challenges include patient readiness for care, lack of awareness about fasting instructions and medications, issues with document delivery, lack of support for Aboriginal and Torres Strait Islander patients in hospitals, and persistent difficulties with transportation and accommodation. To improve access to health care, hospitals, primary health centres and Indigenous liaison officers need to work collaboratively to identify and resolve these challenges as early as possible. It is also essential

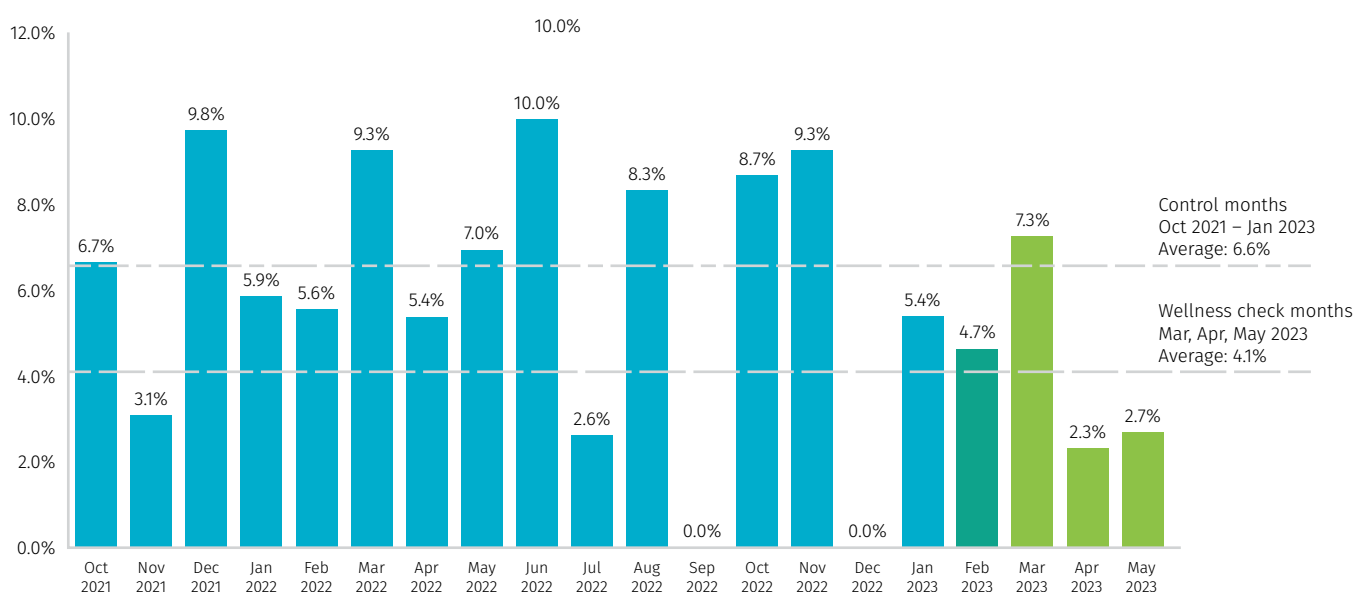


Figure 2: Procedures only – failure-to-attend percentage

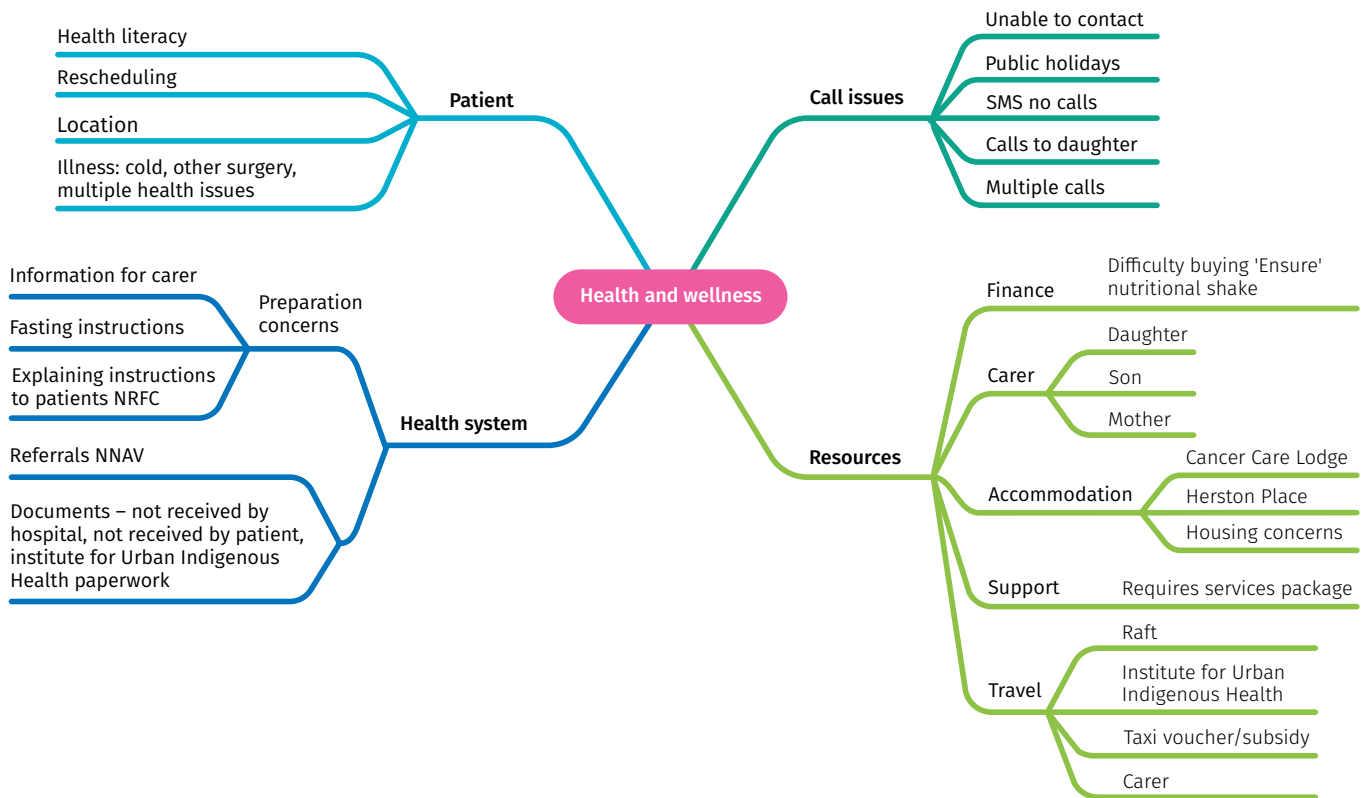


Figure 3: Challenges faced by Aboriginal and Torres Strait Islander patients when accessing health care services

to raise awareness of wellness checks throughout the department, encouraging staff to communicate effectively and provide support to Aboriginal and Torres Strait Islander patients who require additional assistance.

Discussion

This project highlights the positive outcomes of health and wellness checks while acknowledging associated challenges. Notably, the time-consuming nature of the checks and difficulties in effectively communicating procedural instructions to patients pose obstacles. The complexity of issues identified during these checks, coupled with the time required for effective problem-solving, contributes to the time-intensive nature of the process. At least 50 per cent of the calls were

not made due to the department's limited resources and staff members' workloads. The clinicians completing the health and wellness checks need to be resourced appropriately to capture 100 per cent of Aboriginal and Torres Strait Islander patients attending the department for procedures.

According to the findings, the hospital system is not adequately identifying at least 30 per cent of Aboriginal and Torres Strait Islander patients attending procedures. Identification training is recommended for all hospital staff to appropriately identify Aboriginal and Torres Strait Islander patients attending procedures. Such training should be designed to enhance the accuracy and sensitivity of the identification process, ensuring that Aboriginal and Torres Strait Islander patients are recognised, and their

unique health care needs are met in a culturally appropriate manner.

The observation that a considerable number of patients, even after being identified and contacted, face challenges in recalling essential information such as fasting and medication instructions points to a broader issue of communication barriers within the health care system, particularly affecting Aboriginal and Torres Strait Islander patient groups. These challenges are compounded for patients with a history of non-attendance at appointments and those managing multiple comorbidities, underscoring the need for tailored communication strategies that are both accessible and effective.

The project has identified a deficiency in cultural awareness among staff. It also emphasises the crucial role of education provided by

nurse navigators, cultural capability officers and Aboriginal and Torres Strait Islander liaison services. The development of cultural awareness has resulted in improved empathy and communication, which has reduced barriers and unintentional disrespect, particularly when dealing with Aboriginal and Torres Strait Islander patients. This initiative presents an opportunity to extend the benefits of enhanced cultural awareness to other departments for the benefit of Aboriginal and Torres Strait Islander patients undergoing other procedures.

Conclusion

The results of this project indicate that successful attempts to call Aboriginal and Torres Strait Islander patients have a significant impact on improving their attendance at procedures. Therefore, it is essential to establish efficient communication channels to reduce the chances of missed appointments and enhance patient care outcomes. Further research and interventions may be necessary to tackle the challenges related to unsuccessful call attempts and explore strategies to minimise patient non-attendance.

Declaration of conflicting interests

The authors have declared no competing interests with respect to the research, authorship and publication of this article.

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