Collaborating for Better Care: Think Tank Communique

Developing a national intervention study on health system competence and culturally safe hospital care for Aboriginal and Torres Strait Islander peoples.

The Collaborating for Better Care Team

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Background

The Collaborating for Better Care (CBC) team – a joint initiative of the Southgate Institute for Health, Society and Equity at Flinders University and The George Institute for Global Health, (funded by the Lowitja Institute) – is contributing to the development of a program of research to address gaps in evidence for organisational and/or systems interventions to improve safety and quality of care for Aboriginal and Torres Strait Islander peoples. A CBC Think Tank was held in March 2018 and brought together a range of stakeholders to consider how hospitals could develop and implement initiatives to improve health care system competence aimed at the provision of culturally appropriate care. Participants were provided with a background document and preparatory questions that asked about participants' organisations' priorities, activities and partnerships in relation to hospital care for Aboriginal and Torres Strait Islander people.

This communique summarises deliberations from the Think Tank as well as the next steps the CBC Team will be doing in order to progress this important research agenda. Discussions of conceptual research designs in relation to regional feasibility, governance processes, research design (including potential interventions and effect measures) and potential funding sources were covered over the course of the day. Participants also shared their experiences of initiatives they and/or their organisation had undertaken in relation to improving health care for Aboriginal and Torres Strait Islander peoples.

Welcome to Country

Yvonne Weldon from the Sydney Metropolitan Land Council welcomed everyone to Gadigal Country and gave poignant reminders about the importance of this work for First Nations peoples.

Setting the Scene

Think Tank Participants heard from a range of presenters that set the scene for the day's discussions. Simon Quilty shared his perspective as a General Medicine Physician based in Katherine, Northern Territory and spoke to the issues regarding working in a culturally appropriate manner and doing so within a supportive organisational environment. He also emphasised the urgency of action required with patient's stories that reflected the gaps in the system that practitioners may experience in caring for their patients.

Janya McCalman (Centre for Indigenous Health Equity) presented work from "Cultural Competence in Health: A review of the evidence" (Jongen, McCalman, Bainbridge & Clifford, 2018, Springer) with a focus on cultural competence interventions at an organisational level. She described four types of interventions for health organisations – health workforce, education and training, programs and services and organisations and systems, and provided valuable insights into principles, strategies, outcomes and gaps in the literature. Janya also advised the participants of a newly published paper relevant to Think Tank discussions, "Systematic, multifaceted and organisational level cultural competence initiative on hospital performance." (Weech-Maldonado *et al*, 2018, Health Care Management Review).

'Experiences in Organisational Audits' by Adrian Marrie highlighted the process of conducting desktop auditing of Queensland public hospitals using the "Matrix for Identifying, Measuring and Monitoring Institutional Racism with Public Hospitals and Health Services". He pointed to the importance of legislative measures to support health policy in order to drive transparent reform and change outcomes. Issues identified by the audit included limited Indigenous participation in governance of health services, a lack of prioritisation of Closing the Gap in strategic planning, few comprehensive organisational Aboriginal and Torres Strait Islander

Health Plans, poor commitment to and development of the Aboriginal and Torres Strait Islander health professional workforce and a lack of clear reporting and accountability for funding received for Aboriginal and Torres Strait Islander health initiatives.

Tamara Mackean gave an overview of the CBC project regarding plans to collaboratively develop a national intervention research project that will focus on the capability of organisations to deliver culturally safe care to Aboriginal and Torres Strait Islander patients and communities. She spoke about conducting proposed projects within a health policy and systems research framework (Sheikh *et al*, 2011, PLOS Medicine) using macro (architecture and oversight of systems), meso (functioning of organisations and interventions) and micro (the individual in the system) levels. Tamara also pointed to the research translation opportunities of proposed projects by connecting with the National Safety and Quality Health Service Standards (NSQHSS).

Morning session - Small Group Activity 1

Participants were assigned to small groups and were asked to consider and elaborate on the following

- Their service/organisation's prioritisation of quality hospital care for Aboriginal and Torres Strait Islander peoples?
- The initiatives and activities their service/organisation is currently engaged with in this area and how the service/organisation measures the impact of such initiatives and activities.
- What makes research (including implementation research) feasible in your local/regional context?

A diverse range of topics were discussed during the first small group session including:

a. Concepts and terminology

Participants acknowledged the range of concepts and terminology used in this area – racism, discrimination, cultural competence, cultural safety, cultural security, whiteness and privilege – as well as noting that theoretical bases of these terms must be clearly understood and tensions explicitly managed if changes in practice are to be achieved.

b. Cultures of systems

The culture of systems and institutional issues potentially compromise the delivery of cultural competence. This may be evidenced broadly through the impact of biomedical approach, multi-dimensional accessibility issues, breaches in continuity of care and the effects of centralising and de-centralising processes.

Also specific elements of the above-mentioned broad issues were also discussed including identification of Aboriginal and Torres Strait Islander patients and staff, having specific outcomes relating to Aboriginal and Torres Strait Islander health outcomes in performance agreements, concerns about generic, mandatory cultural competence training (including online training) and the need for proper tangible measures for monitoring and progress.

Morning discussions focused on understanding the range of activities and initiatives participants were involved in or aware of as well as the barriers and enablers. These have been summarised and tabulated below.

ACTVITIES	BARRIERS	ENABLERS
Elevating Aboriginal health in organisation so seen as business of all services	Top down dictates	Acknowledging racism as an issue
Making health everyone's business - community engagement - ACCHS/LHD engagement - Cultural re-design	Generic cultural competence (partly) online training	Leadership in organisation & department of health
Improving and strengthening governance	Denying racism as an issue	Respect for Aboriginal and Torres Strait Islander staff
Addressing racism	Lack of cultural safety for Aboriginal and Torres Strait Islander staff	Self-reflective practice PHN, AMS
Reports to DG.	Strategies but no money	3-way partnership between LHD, PHN, AMS
Strategic Aboriginal health steering committee	Sense of paralysis (ISQ)	Aboriginal impact statement
Local Health District- wide approach	Closing the gap – lack of measured outcomes and plans for translation to practice	Aboriginal employment strategy
Continuity of Care partnerships between AMS / LHD (hospital)	Sub specialists/sub-specialisation	KPIs that need to be met
Liaison with tertiary institutions	Lack of continuity	Leadership at the top

Connections across services	Mandatory programmes	Aboriginal Liaison Officers integrated with care.
Partnerships	Punitive measures	Long term commitment to community
Language / communication styles	Patients having many or no phone numbers – not up to date contact details	Cultural immersion for students e.g. Go Bush 2 days (being evaluated)
Advocacy	Knowledge not always in literature	Agreements with PHN & AMS refreshed with measurable outcomes specified
Cultural orientation training to overcome racism	Report by state not granular	Screening in NAIDOC week at community event
Cultural competency training	Huge catchment and low staff numbers	Getting different agencies in same room for frequent ED attenders social determinants
Building capacity Aboriginal and non-Aboriginal people		Culturally appropriate practice - patient transferred to Darwin and Liaison officer did Welcome to Country in foyer.
Mentoring non-Indigenous staff members.		Aboriginal staff
Focus on discharge against medical advice		Consistency of care for mothers & babies
Telehealth		Long term staff
Project for ED frequent attenders to address social determinants (held by AMS)		Internal organisational processes focus on relationships
eMental Health resources development		Judicious use of audit tools especially for managers.

Lighthouse project 2016		Aboriginal collaborative committees in LHD
AHMAC 2016-2026 Cultural respect framework		Giving voice
CQI Approach		Benchmark set high on employment
Pre measures		CTG Report Card
Tailored plans		Accountability
P (plan) D (do) S (study) A (act) Cycle		Local level data
Cultural Competency Assessment Tools for Hospitals used		CEO leadership
Relationship between competency and patient satisfaction		Change within unit
Indigenous advancement strategy		Safe space created
Dashboard project with LHDs		Aboriginal health steering committee
Variation publicly accessing limitations		Yarning Circles
‘Respecting the differences’ evaluation		Critical mass of workers important to achieve change
3 year Roadmap		Appropriate rode modelling
Strategic plan		Appropriate Leadership

Afternoon presentation and small group activity 2

Prior to the commencement of the afternoon session, organisers of the workshop met to summarise the key points emerging from discussions throughout the morning. The outcome of the post lunch activity undertaken by David Peiris, Judith Dwyer and Tamara Mackean was the identification of a number of interventions and research activities for further small group discussion. Participants voted for the top four items to be discussed in the second small group activity and self-selected to their group of choice.

The small group discussions undertaken throughout the afternoon focused on appropriate methods and tools for proposed projects, leadership as a possible focus for intervention, workforce development (noting this as an area of existing focus) and exploring top down (macro) approaches that generate change.

Methods and Measuring

Contextual points for consideration when designing research methods include the importance of using methods and methodologies that are both qualitative and quantitative. This can facilitate greater understanding of the drivers for and impacts of various actions, concepts and activities that may be otherwise *difficult* to measure.

For example, Discharge Against Medical Advice (DAMA) as a measure of quality. Understanding DAMA requires both quantitative measures and qualitative methods to understand the underlying factors and experiences that contribute to such events. In order for this to occur there needs to be

- Understanding that quality, safety, equity are intersecting paradigms
- Hospitals need to undertake a leadership role in such research
- Involvement of Aboriginal and Torres Strait Islander peoples as leaders and planners of research studies
- Engagement of other health services in the research
- Formulation of strategies for action across all levels (micro, meso and macro)
- Consideration of hospital settings as a potential base for researchers
- Appropriate timeframes for collection of rich data

Various quantitative and qualitative approaches were discussed by the group including

- Qualitative approaches
  - Yarning as a method for generating rich data
  - Seeking to understand what patients value about their care and how they experience care received
  - Finding out ‘why’ things do or do not happen
  - Peer to peer interviewing useful in yielding more information
- Quantitative
  - Potential data collection points
    - Emergency department triage
    - Aboriginal and Torres Strait Islander Health Workers and Liaison Officers (inpatients)
    - Outpatient Departments (e.g. numbers attending and not attending appointments and follow-up)
  - The importance of using routinely collected data where possible and using localised/regionalised data
  - Questionnaire on unmet needs of Aboriginal and Torres Strait Islander peoples

An approach that could potentially encompass the multilayered nature of the issues being explored is the use of a "vertical slice" (eg a hospital department and the organisational structures that support them) of an organisation coupled with a "case study" type approach. Aboriginal Patient Journey mapping was also identified as a tool that uses mixed methods to document how episodes of care occur and the possible gaps in care provision.

Leadership

The role of leadership is critical for organisational change and participants discussed what potential leadership interventions could look like. Leadership can facilitate and drive change within the sector, not just within organisations. It is integral to the setting up the workforce and the appropriate workplace culture that models behaviours based on organisational values, equity and partnerships. Acknowledging the potential for bias and racism in leadership is important in developing leadership interventions.

The group suggested potential research questions:

- How can a holistic Aboriginal and Torres Strait Islander leadership program as a component of a broader intervention contribute to a more empowered/culturally engaged workforce?
- What are the elements of leadership that are important in driving an Aboriginal and Torres Strait Islander health agenda?
- Will a structured leadership intervention contribute to improvements in patient experience and outcomes?
- Can we change policies at different levels through Aboriginal and Torres Strait Islander leadership?
- How can we achieve Aboriginal and Torres Strait Islander people in positions of authority in order to build future capacity within the health workforce?

Potential approaches to leadership interventions included

- Develop a partnership strategy to explore joint leadership initiatives through participatory action research to develop context appropriate interventions
- A specific Aboriginal and Torres Strait Islander leadership program as an intervention to contribute to a more empowered and culturally engaged workforce
- Qualitative exploration of what are the aspects of leadership for Aboriginal and Torres Strait Islander people that facilitate health system change

Workforce development

The context in which workforce development occurs is determined by local/regional needs. Approaches to training and professional development need to consider both biomedical constructs of knowledge and Indigenous constructs of knowledge. Different ways of learning need to be valued in professional development and learning should be orientated to how individuals and systems enable the service to respond to specific needs of Aboriginal and Torres Strait Islander peoples. The health workforce needs to be competent in patient centred care so that services can be delivered cognisant of patient perspectives and priorities. The workforce should include people who model desired behaviours as well as a focus on building up the Aboriginal and Torres Strait Islander health workforce.

The group suggested potential methods for workforce interventions including

- Increasing numbers of Aboriginal and Torres Strait Islander people in senior positions
- At the Board level, actively recruiting and training Aboriginal and Torres Strait Islander people to participate in high level governance
- Work with young Aboriginal and Torres Strait Islander people on governance training so they have skills and confidence to participate
- Upskill the workforce with necessary knowledge, skills and attitude to deliver quality and safe health care
- Train health executives to better understand and respect leadership within Aboriginal and Torres Strait Islander communities including the need for flexibility within leadership styles, understanding Eldership and breaking down authoritarian leadership styles.

Top down (macro) approach

When using a top down approach participants determined that there needs to be an awareness of

- Where the actual burden of research and initiatives in services lay and the possible issues of overloading staff
- The need for a critical mass of leaders and researchers in services and service partners
- The criticality of connecting top down activities and bottom up activities

An example was given of a top down initiative that didn't work well illustrating some of the points above - a mandatory online cultural competency training package that was poorly marketed, poorly done and put people offside.

There was interest in the idea of an audit tool similar to Adrian Marrie's that could be rolled out nationwide in a calibrated, validated fashion. The tool could provide a framework for discussions at the organisational level about findings and responding to audit findings. Participants noted that the tool could possibly be refined using focus groups to decide weighting/choice of indicators, to improve validity. They also noted the potential for the audit tool to improve performance on its own – its human nature to want to do better when you get scored. In line with this, discussions about using such an audit tool in a longitudinal fashion so that changes and shifts could be seen over time. Can then look at differences in change over time to identify what works/doesn't work and jurisdictional variation. Preparatory work in an audit type intervention could use the audit as an educational tool on what institutional racism is, and what it looks like, and provide a vision for what the system should look like.

Participants also shared previous examples of organisational level changes in response to wider edicts including

- The Aboriginal health leader role in the local health district reporting directly to the CEO which has elevated the importance of Aboriginal health in the organisation, making it more every service's business.
- Mandatory cultural competence training (positives and negatives of this were canvassed)
- Using Aboriginal and Torres Strait Islander Health impact statements

Next Steps

During the final part of the Think Tank, participants engaged in a large group discussion on next steps and future possibilities as listed below

1. The CBC Team will establish a virtual collaborative network of services, health and administrative professionals, researchers and policy makers to keep people appraised of what we are doing, to encourage collaboration and support other's work in this area in complementary manner
    a. We will engage with stakeholders who were interested but not able to attend the Think Tank
    b. We will establish an email network based on our current contact list which includes Think Tank participants and those interested but unable to attend
    c. This will be an OPT OUT network and will be managed by the CBC team based at Flinders University

2. The CBC Team will consider various funding opportunities, including but not limited to
    a. NHMRC Partnership grant
    b. NHMRC Centre for Research Excellence
    c. Philanthropic funding opportunities
3. CBC Team will develop a framework for a flexible research design that will be the basis for developing research partnerships with interested sites/organisations and future funding applications. This framework will allow for a phased approach, options for interventions and both qualitative and quantitative process and outcome measures.
4. Any future applications will be underpinned by an appropriate governance structure and engagement process so that Aboriginal and Torres Strait Islander members, communities and organisations are involved in the process.
5. CBC Team will report back to the Lowitja Institute on all of the above.

Acknowledgements

The CBC Team would like to thank the Think Tank participants for sharing their experiences and knowledge in relation to safe and quality acute health care for Aboriginal and Torres Strait Islander people. It was a privilege to host the collective wisdom at the George Institute for Global Health in Sydney.