

Lighthouse Hospital Project

Client: Australian Government – Department of Health

Project sponsors: Australian Healthcare and Hospitals Association and the Heart Foundation

Services: Implementation of quality activities that improve care and outcomes for Aboriginal and Torres Strait Islander peoples experiencing coronary heart disease

Context

The Department of Health recognises that hospitals have a critical role to play in improving access to evidence-based care and addressing disparities in care for Aboriginal and Torres Strait Islander peoples suffering acute coronary syndrome. It commissioned the AHHA and Heart Foundation to undertake the multi-stage Lighthouse Project, piloting a quality improvement toolkit in hospitals across the nation. The toolkit seeks to reduce the disparity in care and outcomes for Aboriginal and Torres Strait Islander people by supporting the development of organisational skill and capacity in the areas of governance, clinical quality, workforce and cultural competence.

Coronary heart disease is the leading cause of death among Aboriginal and Torres Strait Islander peoples, who are 60% more likely to die from it. Aboriginal and Torres Strait Islander Australians are also dying at a younger age, with 81% of deaths in those under 75 years, in contrast to only 24% non-Indigenous deaths in this age group. Aboriginal and Torres Strait Islander peoples are more likely to be admitted to hospital for Acute Coronary Syndrome episodes and are more likely to die in a hospital or leave against medical advice. However, while in the hospital, they are less likely than non-Indigenous Australians to undergo coronary tests and procedures.

Approach

Phase 1 of the project involved reviewing the literature and learning from 10 healthcare services that were recognised by their peers as providing exemplary care. Four domains were identified as key to establishing best practice care for Aboriginal and Torres Strait Islander peoples with ACS. These included cultural competence, use of clinical pathways, a skilled workforce and appropriate governance. Phase 2 aims to drive change in eight pilot hospitals through the implementation of quality improvement activities across the four domains. The domains identified in Phase 1 along with elements such as better identification of Aboriginal and Torres Strait Islander patients, effective partnerships with local Aboriginal and Torres Strait Islander communities, fostering of clinical champions and expanding the Aboriginal health workforce, were developed into a toolkit.

Results

The toolkit provides health practitioners with practical activities that can drive change, address disparities and improve outcomes for Aboriginal and Torres Strait Islander peoples who present to hospital with ACS.

There are encouraging signs that the toolkit is valuable in driving systemic change and there are calls from some pilot sites to extend the use of the four domains to assist with driving improvements for other chronic conditions. A formal evaluation is currently underway that will determine whether the implementation of the toolkit has contributed to delivering improvements in cardiac care for Aboriginal and Torres Strait Islander patients. This evaluation will be completed in 2016.