

Patient Stories

NT Health-
Clinical Excellence
and Patient Safety

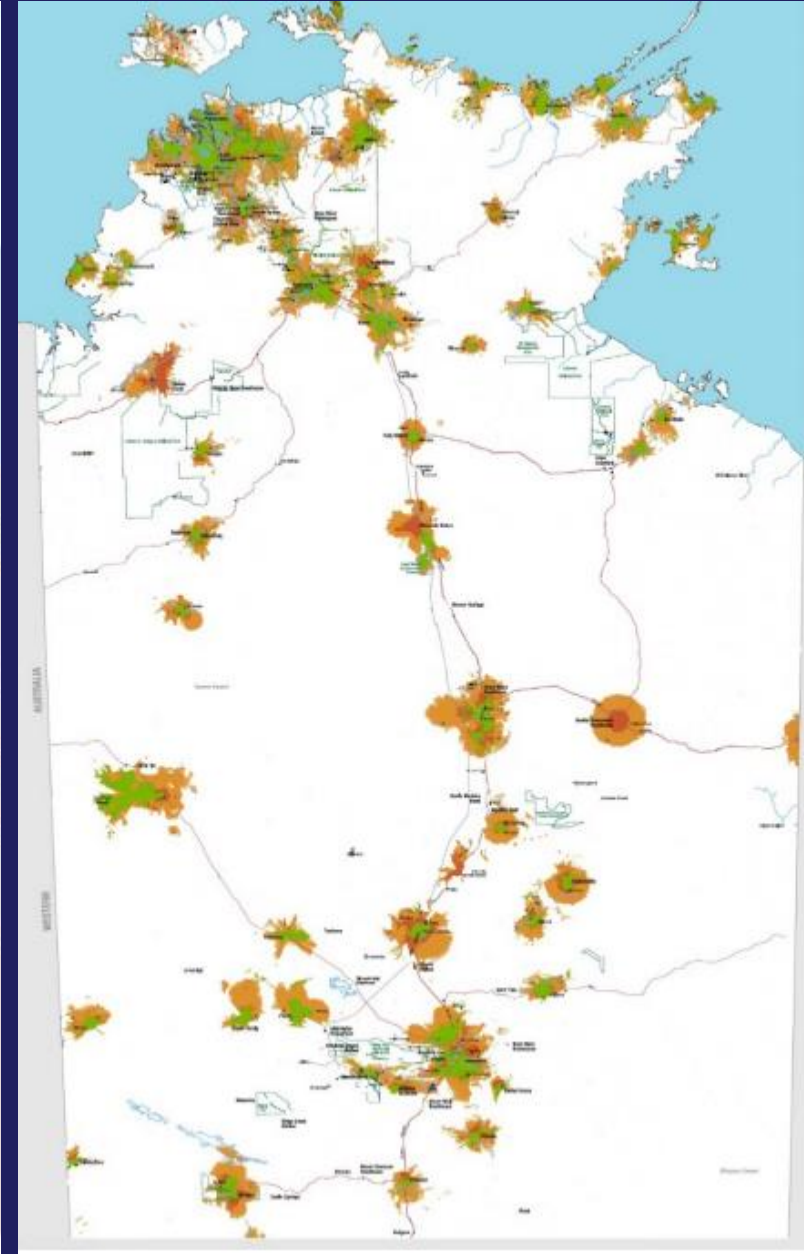
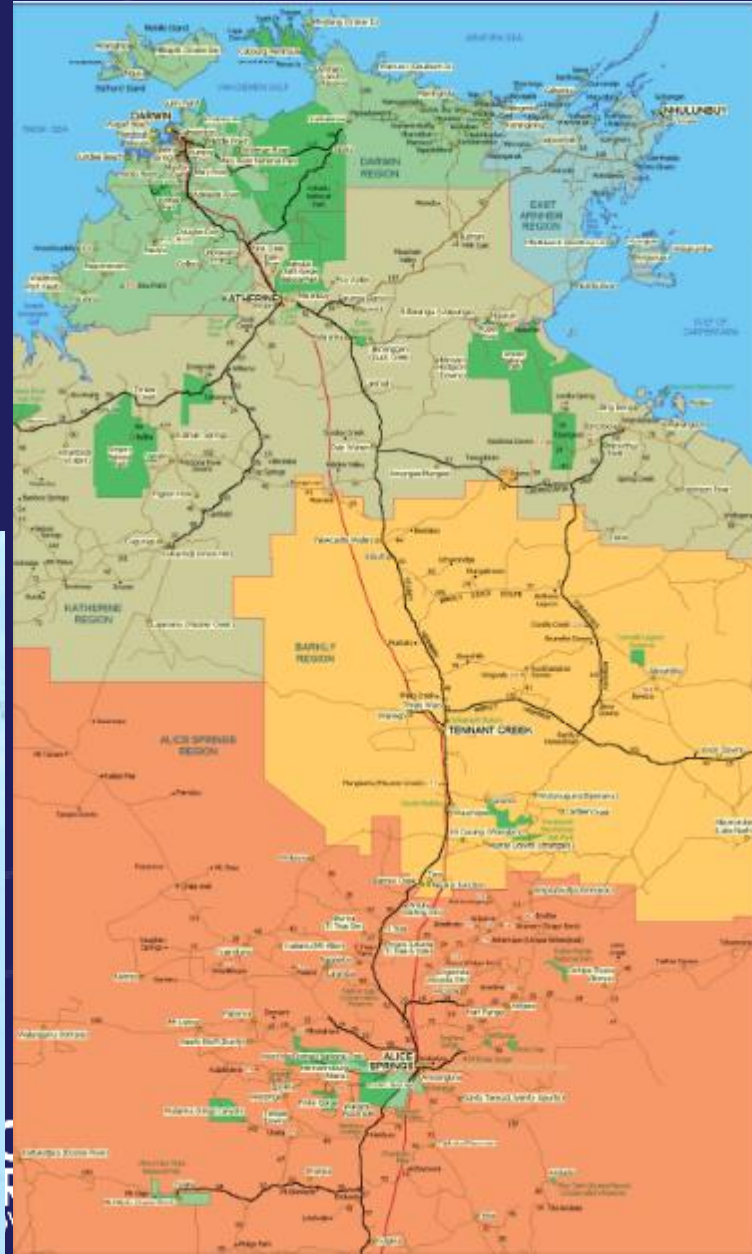


Conflicts of interest:

Ethics Approved Investigator: Exploring and improving processes for speakers of Aboriginal languages to influence the safety and quality of their health care (EQuaLS Study)- Charles Darwin University
NHMRC funded.

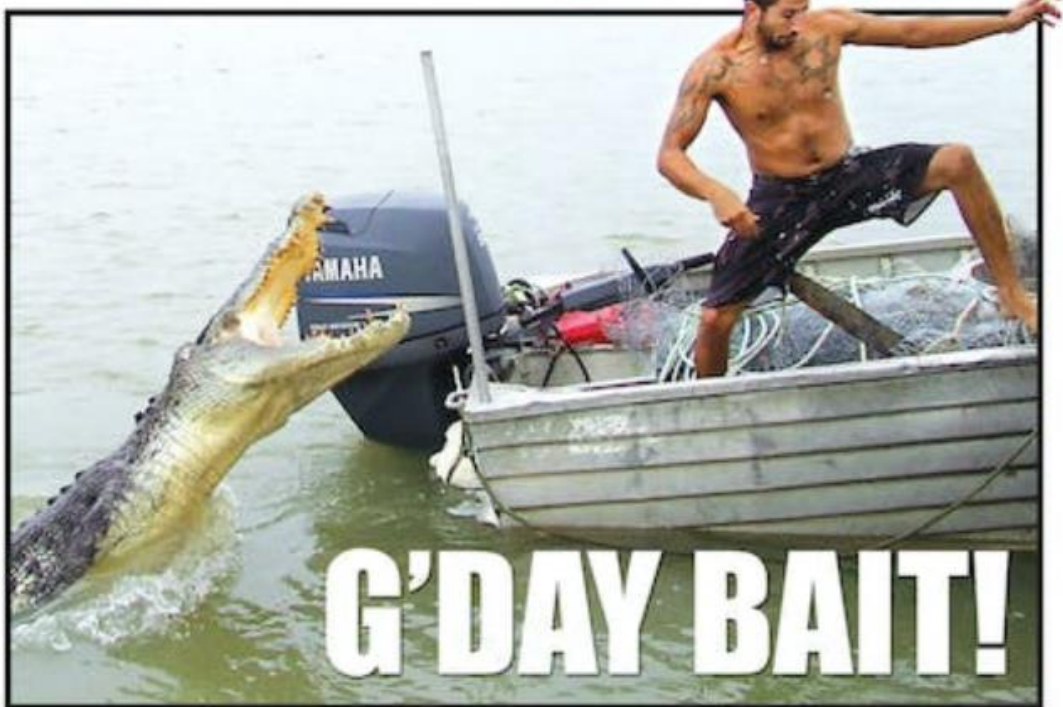


Northern Territory Australia





WHAT A CROC!



G'DAY BAIT!

LEGENDARY FRONT PAGES FROM THE

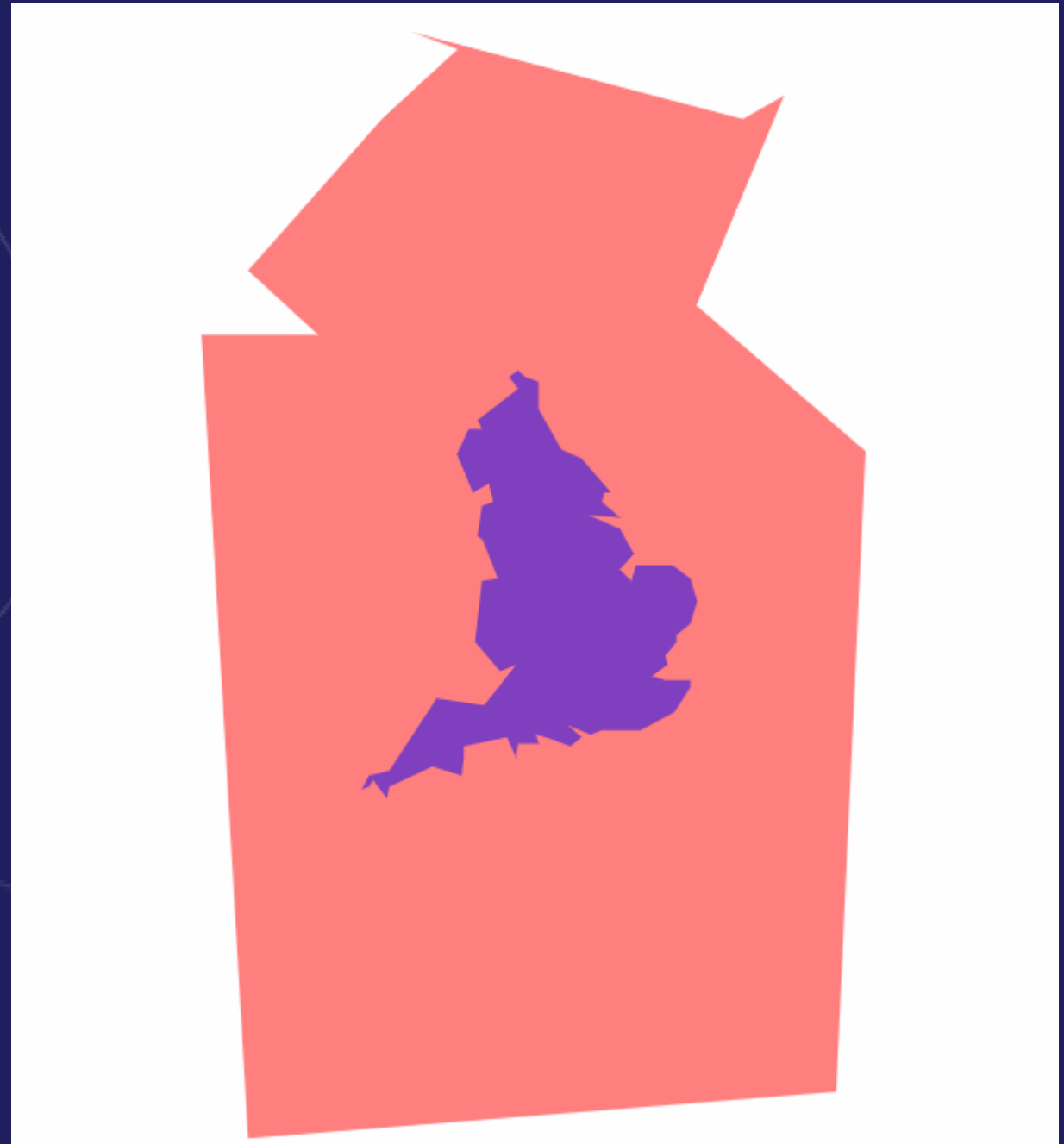
NT News MORE INSIDE



WELCOME TRACY.

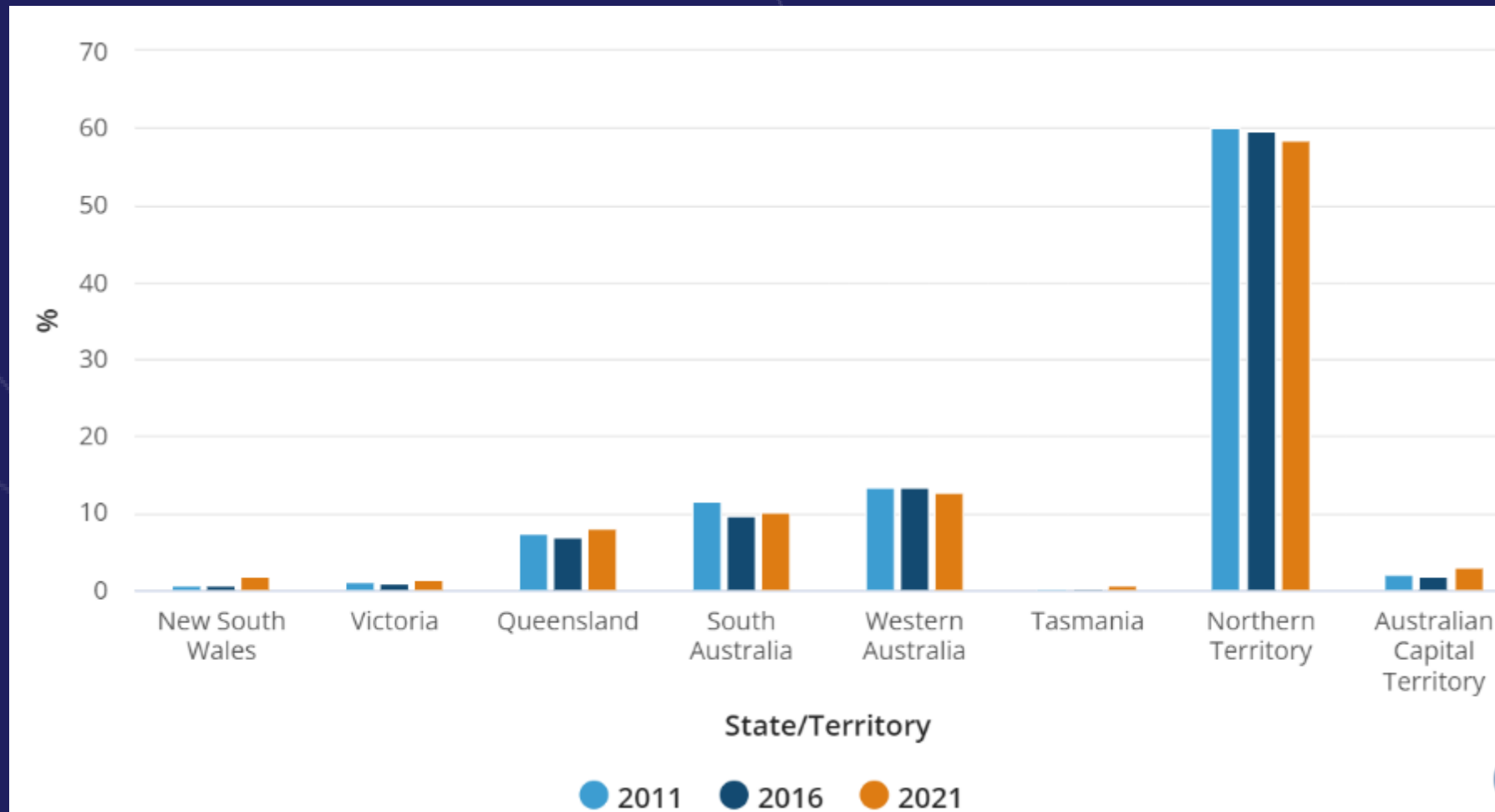


Size Comparison

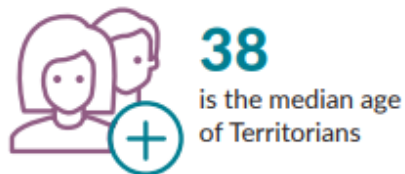
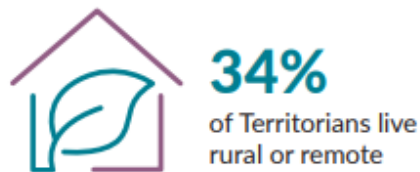
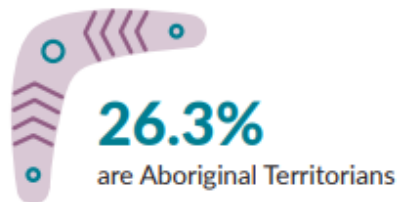
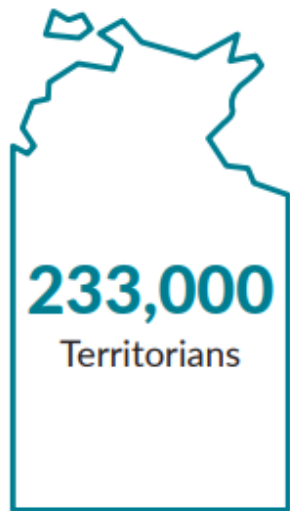


Australian Bureau of Statistics:

Reported Aboriginal/Torres Strait Islander languages by state and Territory







Our Vital Signs



171,443

Emergency Department presentations



98,604

Adult health checks



89,266

outpatient appointments (excluding radiology)



2.2 days

is the average length of stay in hospital



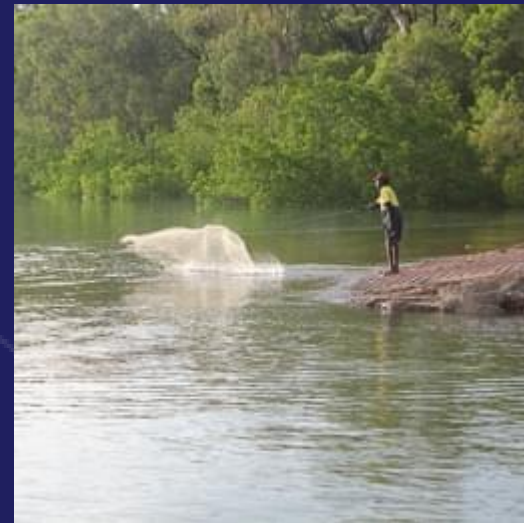
NT Health Statistics

Aboriginal people have experienced long-term systemic discrimination and racism- even in healthcare.

Healthcare systems are slowly embedding cultural safe practices to address this but Aboriginal people still suffer a high burden of disease that is disproportionate.



Pirlangimpi



Patient Recorded Experience measures NT Health 2020



Previous survey tool limitations

Patient experience question produce a large amount of data.

Perfect for report writing and executive briefs.

But....is it superficial data, while missing deeper, subtle and more delicate information that is meaningful to our patients?

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.



PUBLISHED MAY 2020

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

For more information,
ask a member of staff or visit
safetyandquality.gov.au/your-rights



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



“

***Statistics are just
people with the
tears wiped off***

Spencer Ratcoff



Learnings: Literacy

When I was in the hospital, I felt confident in the safety of my treatment and care

Always
Mostly
Sometimes
Rarely
Never

Readability

Grade: 11.2

Aim for Grade 8 or lower.



Health Literacy Editor



Learning: Language

Many English words can not be translated into language and their use in the same sentence structure as the survey made them senseless. This may be due to a difference in cultural and conceptual world views.



Learnings: Questions

Multiple direct questions.

In Aboriginal and Torres Strait Islander cultures can quite simply be rude. Direct questioning may lead to misunderstandings and often you may be met with no response at all or nodding in agreement.

Age and Gender of Voices in audio files matters.

Rapport

Story telling when first meeting someone is a integral part of Aboriginal ways of learning and sharing.



Non-Verbal communication

Non-verbal communication such as body language and gestures are fundamental to how some Aboriginal people interact and cannot be documented with surveys.

Emojis



“

Privileging the voices of Indigenous peoples is an important first step to understanding their experiences of care

Green et al 2020

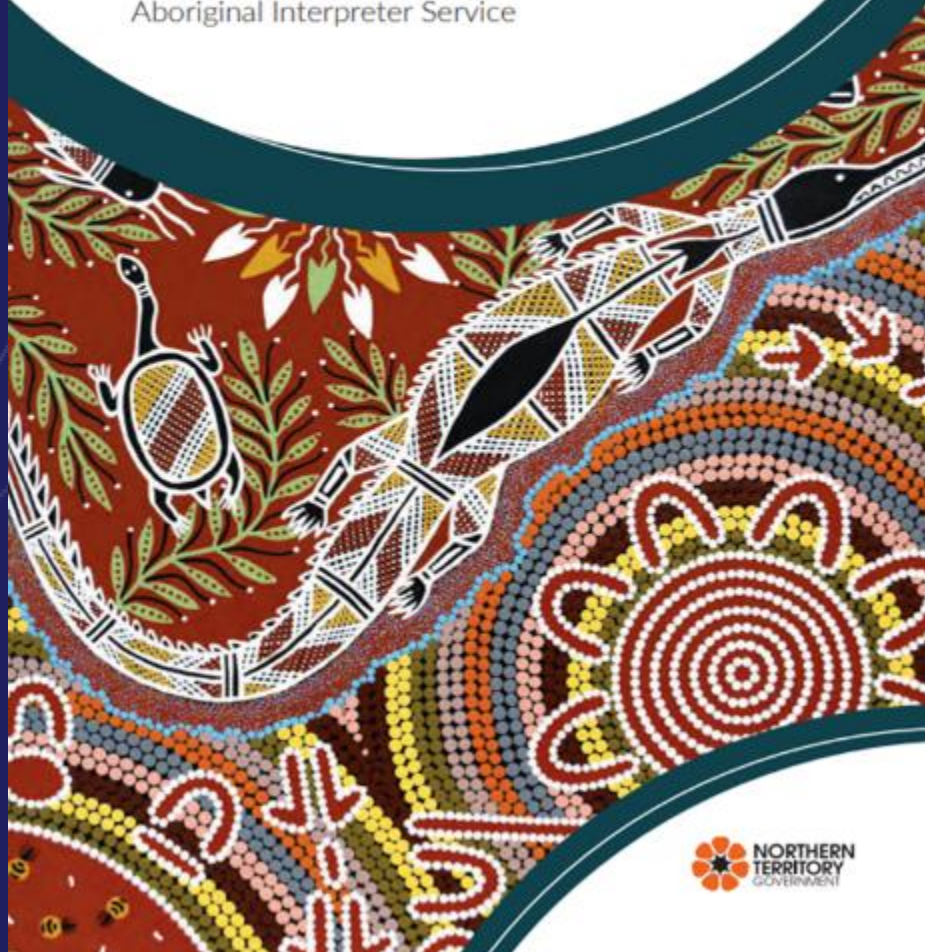


Acknowledgement of Research



Plain English HEALTH DICTIONARY

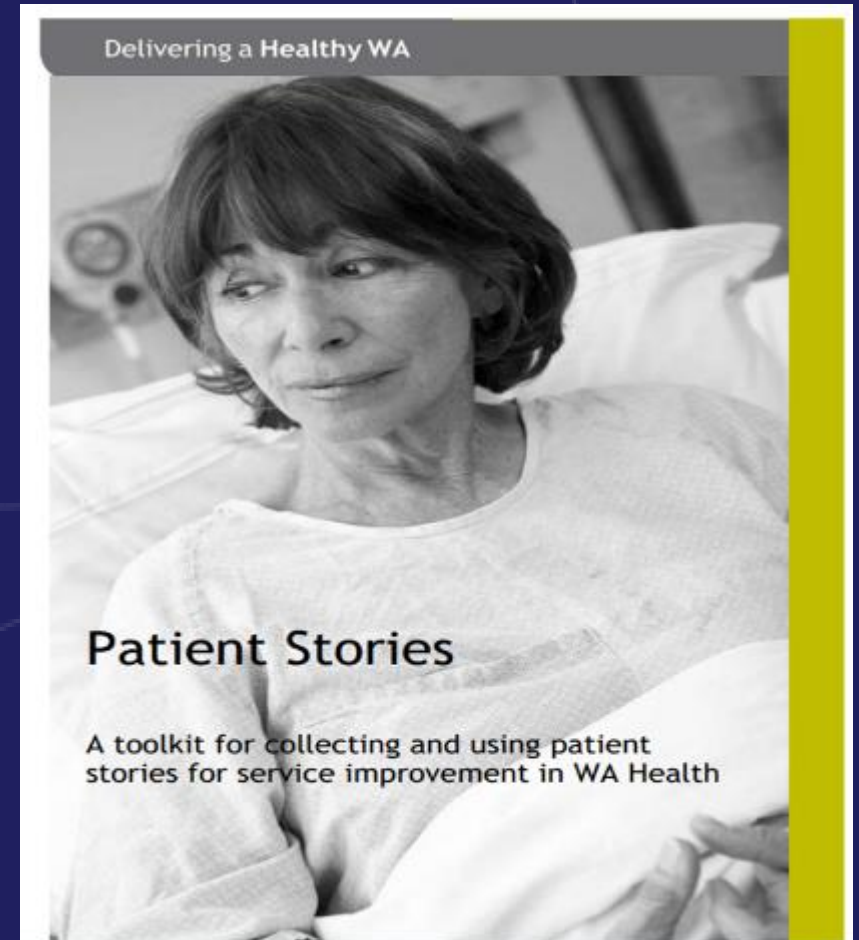
Aboriginal Interpreter Service



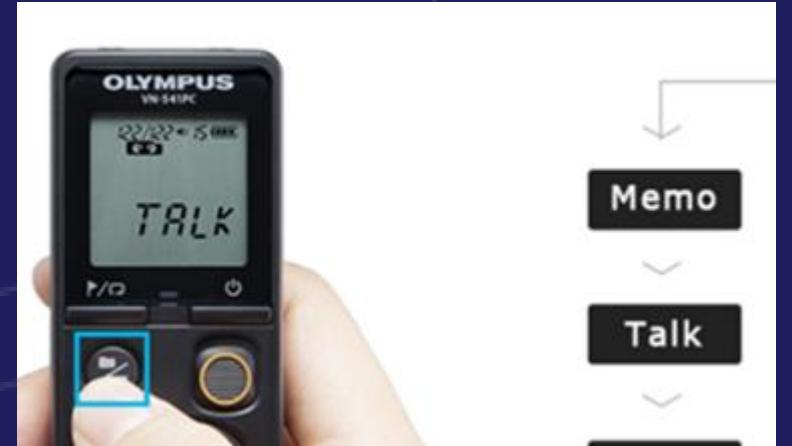
Regurgitation	Topic: Heart (cardiology)
Meaning	This is when fluid (like food or drink) goes the wrong way inside your body. For example, when something you eat comes back up into your mouth. This can also happen with blood. When blood flows through your heart one way, heart valves help with this. If blood flows the wrong way (also called backflow) through the heart because of sick valves, this is called regurgitation.
Similar words	Spit back up
Renal	Topic: Renal
Meaning	This means kidneys. For example, a renal doctor is a kidney doctor.
Similar words	Kidneys
Resection	Topic: Operation (surgery or procedure)
Meaning	When a part or all of an organ, tissue or tumour inside you is taken out in a surgery.
Similar words	Cut out
Retina	Topic: Body parts (anatomy)
Meaning	The retina is the inside wall of the back of your eyes. It holds the nerve cells that send messages to your brains so that you can see things.
Similar words	Eye
Rheumatic Fever	Topic: Sickness
Meaning	A sickness caused by an infection from a type of germ. If you get this sickness, you might get a fever, swollen joints and feel pain in your joints, or your muscles might move suddenly without you meaning to. Rheumatic fever usually affects children. This sickness can also cause serious problems with your heart valves - this is called rheumatic heart disease.
Similar words	Acute rheumatic fever, ARF

Patient Stories

- Speaking with patients and letting them tell us what is important to them
- With an ALO or interpreter (trusted person)
- On discharge or day of discharge
- In language if this is their preference
- In person
- With at least one person that can escalate stories that are incidents



Undertaking stories ...



Extracts from Patient Stories



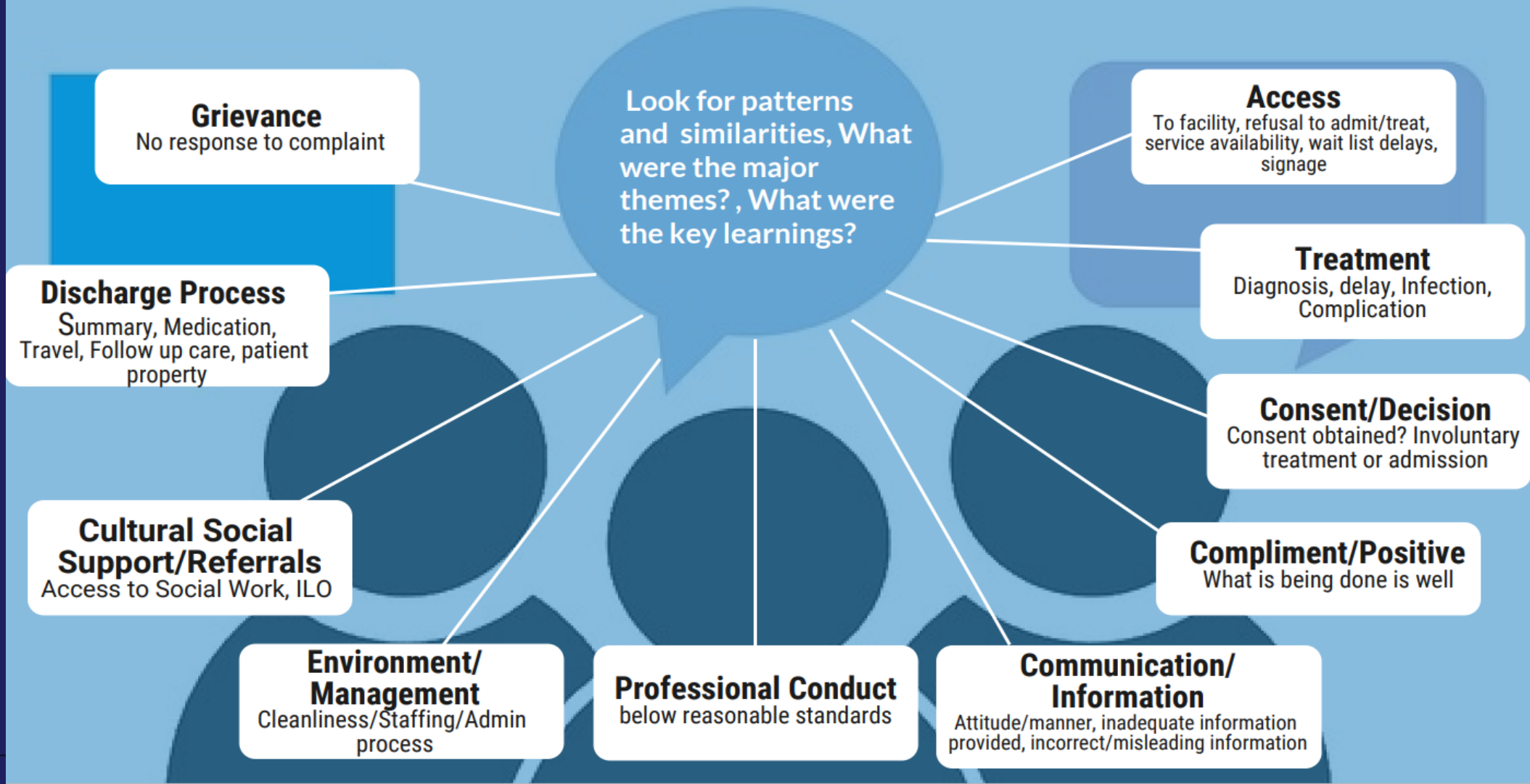
It was when my daughter got sick that was when...the other one was when I was pregnant, that was when I fractured my leg and that was from domestic violence. And then this one was when she was sick and I had nowhere to yeah, they didn't help me. It was just 'Do you have anywhere to go? Oh, There's numbers here, call them' and just left there to...

ALO: So just brushed.

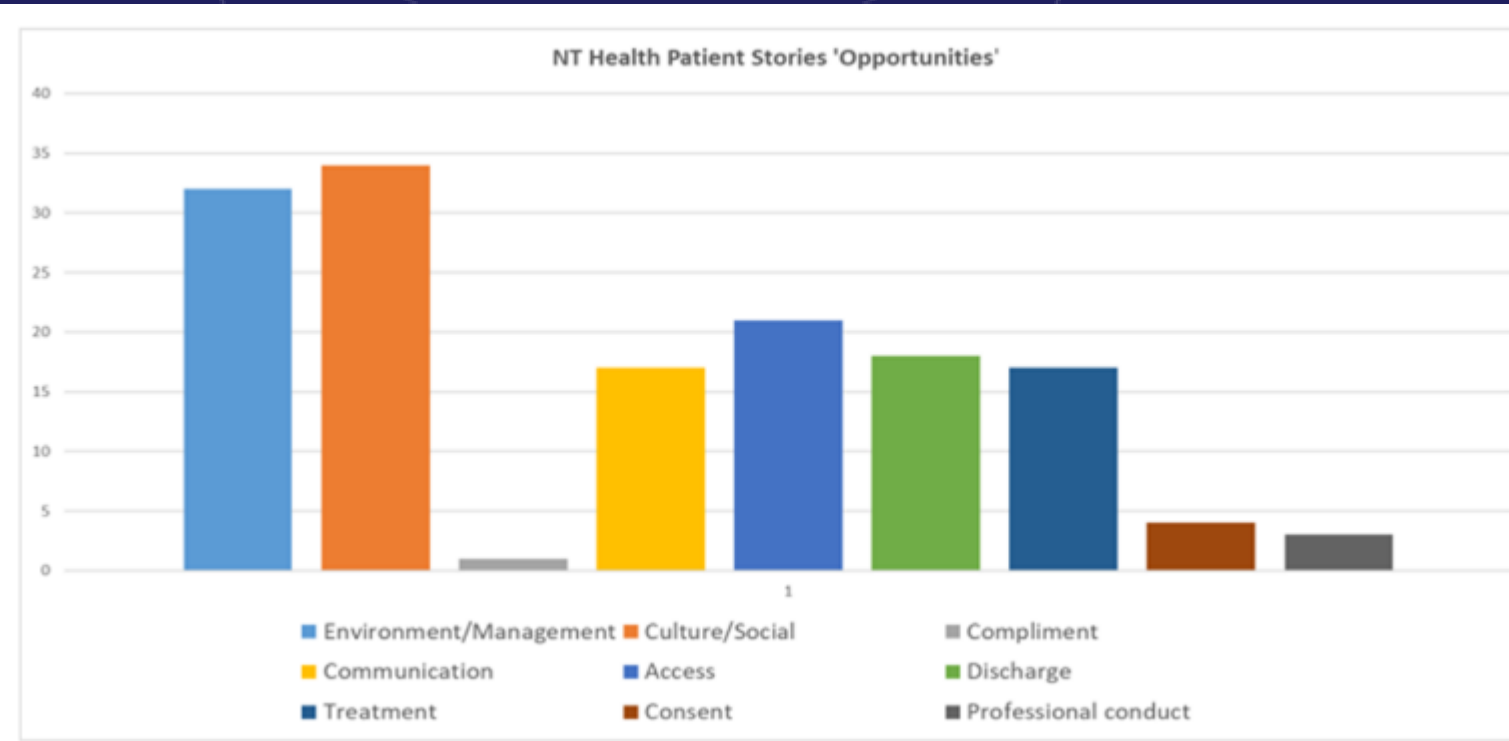
Yeah, just like 'we need the bed for somebody else' that's what...ya know...pretty much was sayin.

'Can't keep you in here. You need to go because we need the bed for somebody else.'

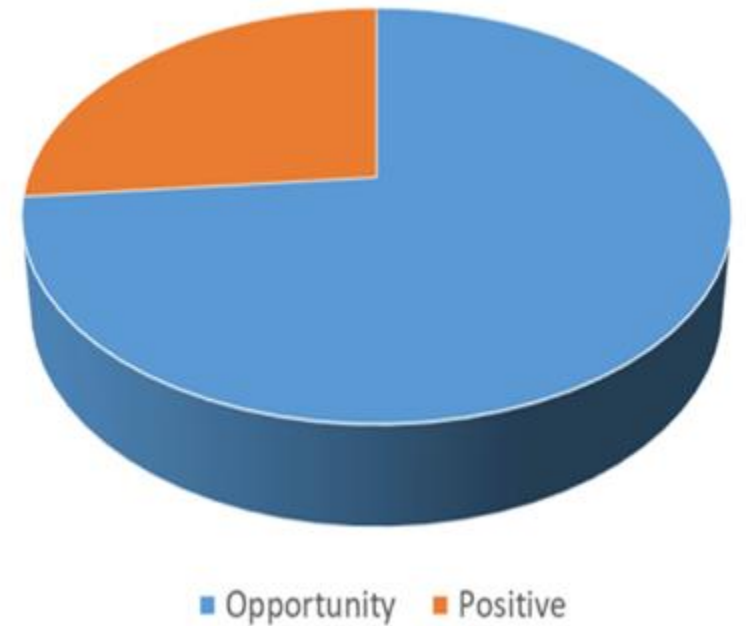
Evaluation



Quantitative Data Generated

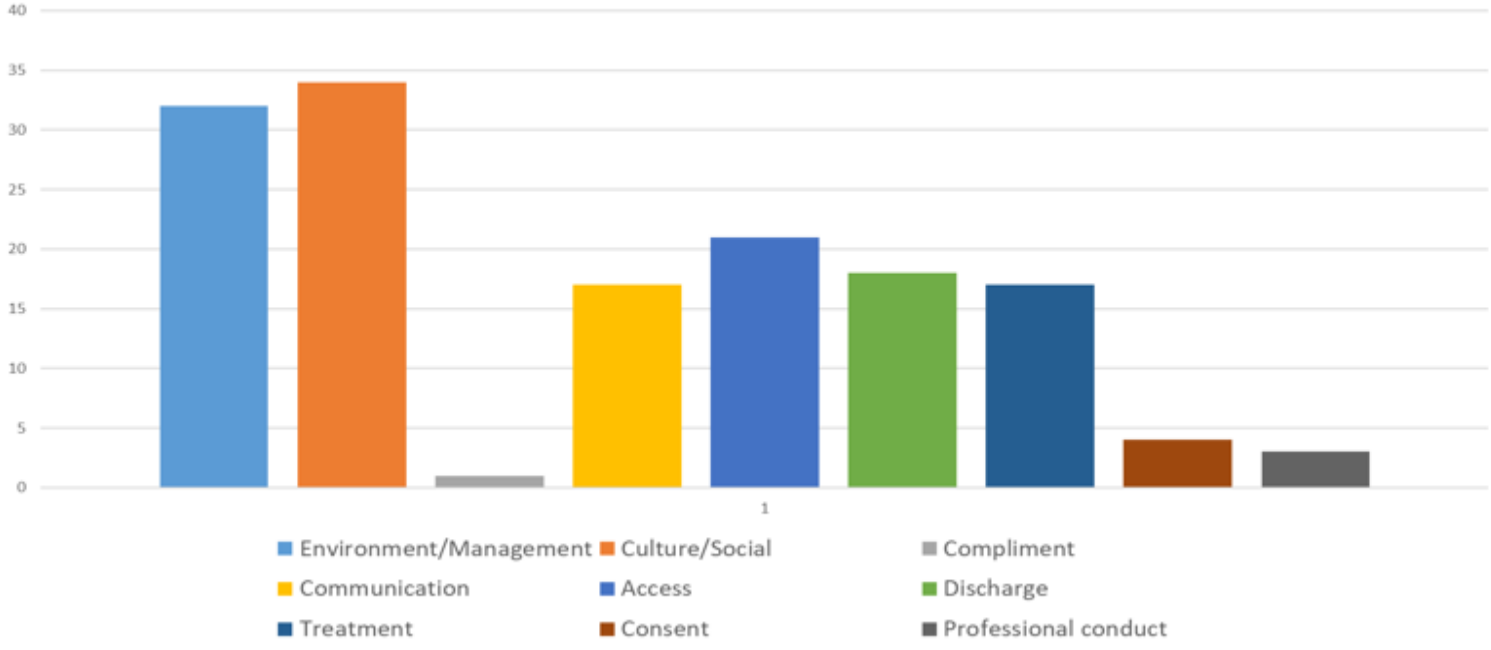


Opportunity vs Positive Feedback- Patient Stories

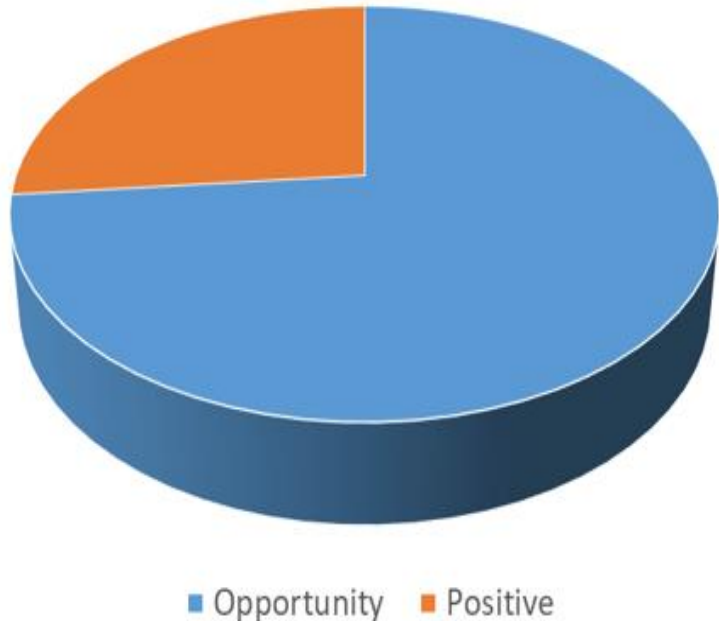


Quantitative Data Generated

NT Health Patient Stories 'Opportunities'



Opportunity vs Positive Feedback- Patient Stories



What type of problem are we looking at?

Category	Description	What to do
No problem with care	No problem with care identified	Use the opportunity to highlight good care
Learnings from practice points identified	Actions are learnings- gentleman's agreement to act differently in the future	Record in the incident management system- find actions further in the table
Low-hanging fruit	Simple problems with straightforward solutions	Assign some-one to address the issue, set the deadline and monitor progress
Wicked problems	Complex, multifaceted issues hard to define, have no straightforward solution	Form a team, give the team deadline and resources
Wicked problems-hospital wide	Where complex problems affect multiple departments	Escalate to executive to determine a course of action.
Choose not to act	A deliberate choice not to act because of opportunity costs and competing priorities	Record in the incident management system- justify in terms of other problems worked on.

System Change Hierarchy

Criteria	Low	Medium	High
Scope	The goal is to address the hazard to patient safety	Limited settings	Intended change occurs over different healthcare settings
Breadth	Fix a gap in clinical practise specific to role ie nursing	Several targets- not just a single provided role	Crosses a number of clinical specialties
Depth	Change targets performance of those delivering care	Involves middle management	Targets organisational factors and leadership
Degree	Change is focussed on reducing the occurrence	Change focussed on making sure things are done right through incremental improvements	Change fundamentally alters how things are done within the targeted context

Wood and Wiegmann, Beyond the corrective action hierarchy: A systems approach to organisational change, International Journal for Quality Health Care, 2020, 438-444

Once the Opportunity is Identified. Then what....

Identify root cause	<p>What specific issue related to patient-reported data are you trying to address? What is the problem or problem statement?</p>
Set goals	<p>What are one or more specific goals that we hope to achieve/change by addressing this area? Are these goals SMART (Specific, Measurable, Achievable, Results-focused, and Time-bound)? What actions (short and long term) will lead to a patient-integrated approach?</p>
Identify barriers	<p>What potential barriers related to the use of patient-reported data might affect the success (e.g., culture, capacity, financial)? What are some ways we can try to address/mitigate these barriers?</p>
Identify accountability and stakeholders	<p>Who is accountable for this initiative? Who will need to be engaged in this work? Who will be responsible for implementation of this work? Who are our stakeholders (both internal and external)? How can we engage and communicate with our stakeholders? How have patients been engaged in this work?</p>
information needs	<p>What data will be helpful to look at? What data will you need to collect to evaluate the plan? What are some best practices? Who can we learn from?</p>
Determine time and work required	<p>What resources are necessary (e.g., cost, time, people)? What process tasks can assist with achieving the goals? When are the changes expected to take place? What actions (short and long term) will lead to improvement?</p>
Define success and identify future steps	<p>How will you know if your work had the desired outcomes? What continuous efforts are required to continue success? How are we evaluating the impact of these strategies? Have the patient experiences improved?</p>

Low hanging fruit- MEDIUM

As a result of this story, there is now ongoing work in the Emergency Departments specific to dealing with people who have experienced Domestic violence.





Common Themes Identified

Low hanging fruit- LOW : Warmth



St Vincent de Paul Society
good works

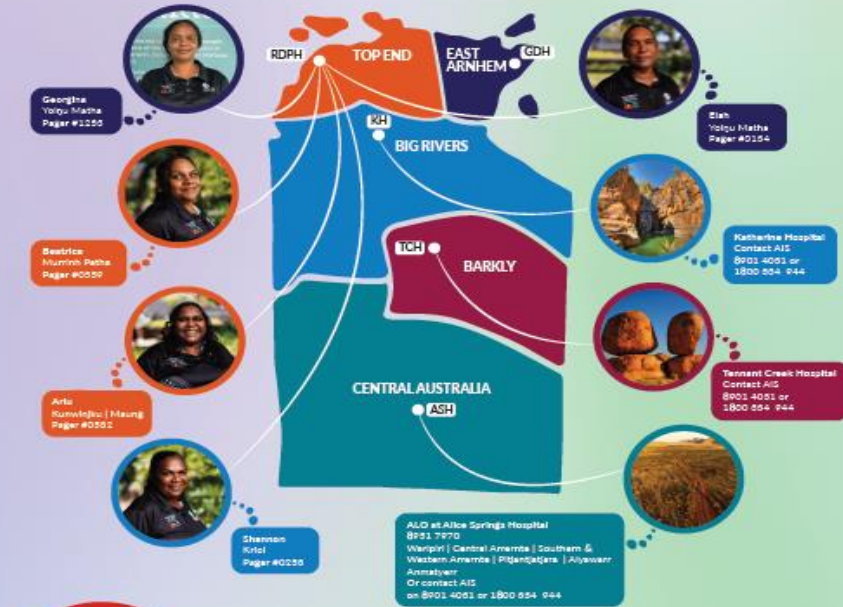
'too cold....I don't wanna go, I'm too cold....more blanket'

NT Interpreting Services



RDPH ABORIGINAL COMMUNICATING FOR SAFETY INTERPRETERS

Monday – Friday 8.30am – 12.30pm
Phone: 8944 8722 | 0436 689 899 | Direct page numbers



Low hanging fruit- Medium:

Lack of access to interpreters in smaller centres

Aboriginal Interpreter Services (AIS)

An AIS interpreter is rostered onsite Monday – Friday 8:30am – 12:30pm
The available rostered language will be communicated daily via email to all RDPH staff.
For all other Aboriginal languages, contact AIS 24 hours a day, seven days a week.
Call 1800 234 944 for general enquiries and interpreter bookings, or scan the QR code to book an interpreter.



International Language Interpreting Service

INTERPRETING +
TRANSLATING
SERVICE NT (ITSNT)

To book an onsite
interpreter in advance
book online at itsnt.nt.gov.au



TRANSLATING +
INTERPRETING
SERVICE (TIS)

To book urgently phone: 131 450
RDPH phone code C1073888
RPH phone code C020480
Book in advance for face-to-face

Sign language interpreter

NICSS

See want clerk for
booking form and send
to booking@nicss.org.au

Deaf Connect

Book online: deafconnect.org.au
Username:
PatientAdvocates@NTDOH.gov.au
Password: Connect123
Questions: Call 1800 775 805
or Interpreting@deafconnect.org.au





Low hanging fruit-LOW:

Access to water
travelling home via bus



Wicked problems hospital wide -HIGH



(Big breath in) I don't like it because the shower is mouldy and dirty and not cleaned properly. The toilet not clean enough. The sheets not wash properly, even the towel I sometimes used to scratch from the towel. Ants used to sit on my bed. So, it's not a good place. I don't like it staying there. It's just disgusting. The Government should go check it out hey, look at it. It's very gross. Even the kitchen when you sit to eat, flies sitting on your food. That's why I don't eat. I go eat somewhere else. It's an outdoor area. That's why flies sit on your food so I don't eat. Sometimes I used to go to her and eat and complain to her (pointing at Interpreter

Lessons so far.....

- Speaking with patients is a skillset- training needs to be identified
- Finding resources to address opportunities in a stretched health services is difficult
- Low hanging fruit is often not prioritised due to the mounting recommendations from M+M and coronials
- Too many stories leads to too many actions which is unachievable- some are still fixed on 'how many'
- We are currently in a trial operational phase with no existing resources and results are sporadic

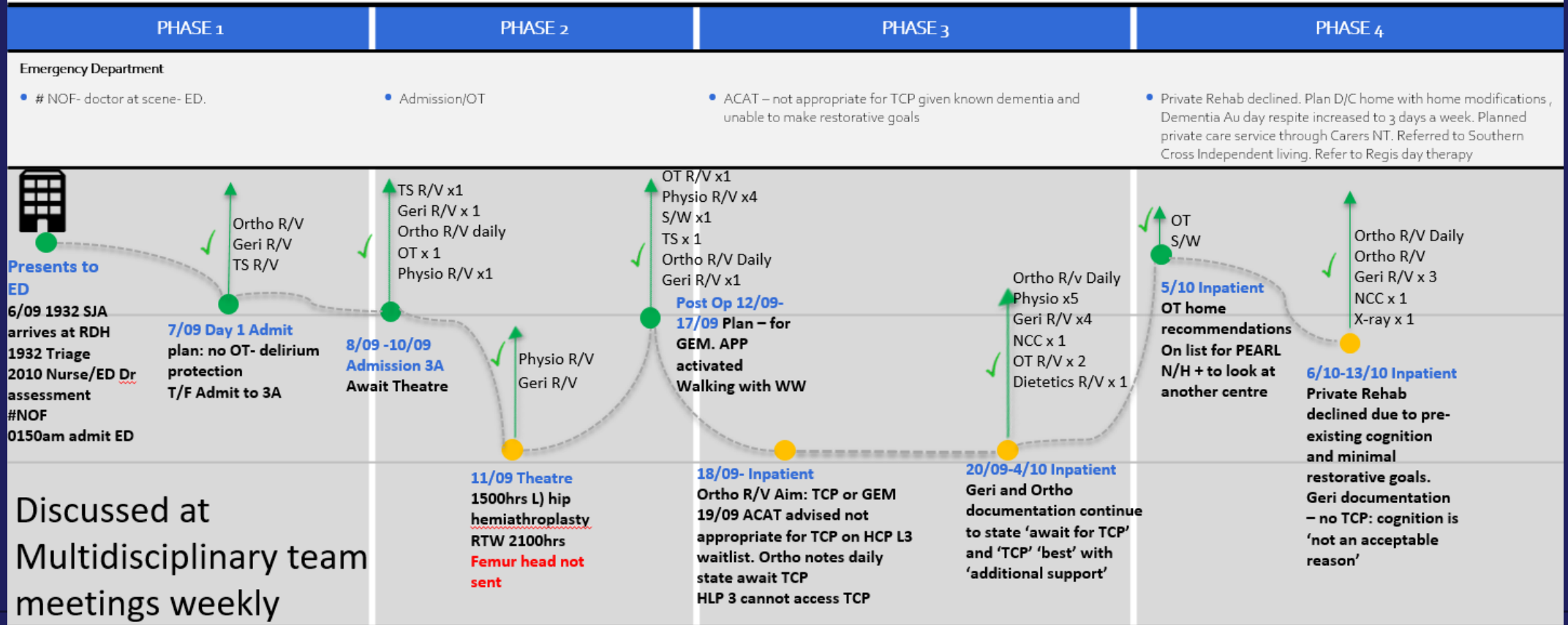
Journey Mapping with a voice



RDPH Journey Mapping

79 yo from Germany, resident of Darwin. Hx breast Ca, # humerus (2014) moderate dementia- known to geriatrician. Medication statin, ebrixa, atorvastatin, melatonin, calcium, vitamin D Lives at home alone with family support and cleaner, /gardner (Calvery), DSA and private carers, center based day respite with Dementia Australia 2 days a week (transport provided). APP not activated on admission. Awaiting level HCP L3 package- once in place will loose funding/place at Dementia Au day respite .

“A quote for the persona that demonstrates emotion and/or job to be done. Make sure it sounds like something a real customer would actually say.”



References

- Kerrigan, V., McGrath, S. Y., Herdman, R. M., Puruntatameri, P., Lee, B., Cass, A., Ralph, A. P., & Hefler, M. (2022). Evaluation of “Ask the Specialist”: a cultural education podcast to inspire improved healthcare for Aboriginal peoples in Northern Australia. *Health Sociology Review*. (‘Yuwinbir’, a special issue of Health Sociology Review on Indigenous and sociological knowledges: Meeting points for health equity). <https://doi.org/https://doi.org/10.1080/14461242.2022.2055484>
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- Kerrigan, V., McGrath, S. Y., Majoni, S. W., Walker, M., Ahmat, M., Lee, B., Cass, A., Hefler, M., & Ralph, A. P. (2021). From “stuck” to satisfied: Aboriginal people’s experience of culturally safe care with interpreters in a Northern Territory hospital. *BMC Health Services Research*, 21(1), 548. <https://doi.org/10.1186/s12913-021-06564-4>
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- Kerrigan, V., Lewis, N., Cass, A., Hefler, M., & Ralph, A. P. (2020). “How can I do more?” Cultural awareness training for hospital-based healthcare providers working with high Aboriginal caseload. *BMC Medical Education*, 20(1), 173. <https://doi.org/10.1186/s12909-020-02086-5>