

# **TITLE: Closing the Gap – Redesigning Systems to Ensure all Aboriginal and Torres Strait Islander Patients are Supported in their Peninsula Health Journey**

## **AUTHORS:**

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## **BACKGROUND:**

There are inconsistencies in the delivery of services to Aboriginal and Torres Strait Islander (ATSI) patients who present to Peninsula Health's (PH). PH provide a number of specific services to this cohort: The Aboriginal Health Unit (AHU) provides a hospital (Aboriginal Hospital Liaison Officer, AHLO) and community response (HACC and AHPACC) while the Hospital Admission Risk Program (HARP) offers a Link and Care Coordination service. A coordinated response was piloted which aims to provide an individual and culturally appropriate service to all ATSI patients of PH.

## **METHODS:**

A comprehensive and accessible database was developed which identifies all ATSI patients presenting to PH. Email alerts sent to only the HARP worker were expanded to include AHU staff. Alerts were also swelled to include both patients that presented to the ED's and those directly admitted to the wards. A daily allocations meeting occurred to ensure that every patient was allocated to an appropriate worker.

## **RESULTS:**

In 2014, approximately 1200 patient's identifying as ATSI presented to PH. Approximately 45% were screened by AHU and HARP staff through ad hoc referrals, uncoordinated responses and inadequate data bases. Since the pilot project commenced, 100% of ATSI clients accessing PH have been engaged with. There has been a dramatic and significant increase in the number of ATSI patients screened and seen by staff from the two programs.

The numbers of patients screened and seen by HARP and AHU workers has more than doubled since the commencement of the project, resulting in an enhanced service to all patients, reliable data with which future program design can be based and improved relationships between Indigenous-specific and non-Indigenous services and staff at PH.

## **DISCUSSION:**

The results of the pilot project suggest significant program redesign is warranted, including a comprehensive data-base of feedback from all ATSI clients who access PH. Development of culturally relevant screening tools for referrals, improved pathways for ATSI patients, potential for increase in staffing for Indigenous services and development of ATSI specific 'client reviews' and Patient Management Plans are all suggestions for improvement.

### **Biography – Laura Souter**

Laura is a Social Worker at Peninsula Health where she has worked across a number of acute and sub-acute wards and programs in her 7 years with the service. She achieved her Master of Social Work in 2012. Laura is currently the Team Leader for the HARP (Hospital Admissions Risk Program) Northern Care Coordination Team based at the Frankston Integrated Health Centre. The HARP Care Coordination Team is a multidisciplinary team providing holistic and comprehensive support to clients with chronic and complex health issues impacted by psycho-social factors and who reside in the community. The team also has an Aboriginal and Torres Strait Islander specific Care Coordinator to work with this cohort of clients. The aim of the program is to assist clients in self-managing their health issues and prevent unnecessary hospital presentations.