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# Collaborating for Excellence in Health Care for First Nations Australians

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Service Improvement

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## Summary

To address the disparity in the rate of incomplete visits between Aboriginal and Torres Strait Islander (ATSI) and other Australians' health service outcomes , the Emergency and Trauma Centre at the

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Royal Brisbane and Women's Hospital (RBWH) is actively engaging with local Indigenous communities with the goal of making the Emergency Department (ED) a more culturally safe and welcoming environment. Although most patients would prefer to receive mental health services in their own communities or from services provided by the community-controlled sector, emergency departments are currently the only existing service that is reliably open 24-hours a day, seven days a week. Considering that suicidal ideation can occur at any time, the Emergency Department by necessity can become a small, but crucial part of the patient journey towards Mental Wellbeing for those experiencing suicidal ideation. The RBWH developed a community engagement strategy that transformed the ED into a safe space. Emphasis was placed on four areas: the physical space; the cultural space; the emotional space; and the healing space.

## Key dates

Mar 2022

Mar 2022

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## Aim

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To inform the design of a more welcoming and culturally safe environment at RBWH Emergency and Trauma Centre through better engagement with the local Aboriginal and Torres Strait Islander communities and Indigenous health services.

## **Benefits**

This project has provided the opportunity to establish foundational relationships between the local Aboriginal and Torres Strait Islander community and the Emergency and Trauma Centre. The formation of these relationships is essential to co-design effective and sustainable services for the Aboriginal and Torres Strait Islander community. The community engagement strategy that this project has helped develop will enable the Emergency and Trauma Centre to better understand the cultural needs of Aboriginal and Torres Strait Islander people, and ultimately inform the future delivery of clinical care in a culturally safe way.

Better linkage with the Aboriginal and Torres Strait Islander community health services will pave the way for appropriate and effective referral pathways. This will also facilitate potential alternative pathways of accessing acute mental health services for Aboriginal and Torres Strait Islander people who would otherwise have incomplete or fractured journeys within the health care system.

## **Background**

At the Royal Brisbane and Women's Hospital Emergency and Trauma Centre (ETC) the rate of incomplete visits for Aboriginal and Torres Strait Islander people is double the rate for other Australians. Data shows that one in 10 ATSI patients presenting to the ETC did not wait or left after treatment had commenced.

## **Solutions Implemented**

The "Transforming EDs to Cultural Safety" (TECS) Team at RBWH identified the department's lack of engagement with the local Aboriginal and Torres Strait Islander communities as the key barrier to creating a more culturally safe and welcoming environment for Indigenous people, particularly those who present with suicidal ideation or an acute mental health crisis.

The solution was to develop and implement a local model of engagement between the Emergency and Trauma Centre and the Aboriginal and Torres Strait Islander community that it serves. The project, led by a Clinical Nurse from the department who identifies as a Torres Strait Islander, involved the building of relationships with members of the local Indigenous community and representatives of local Indigenous organisations and services. Through these efforts, the community was encouraged to offer specific feedback about how Aboriginal and Torres Strait Islander people experience the environment and services provided by the Emergency and Trauma Centre. Resources were also obtained to increase the department's engagement with NAIDOC week

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celebrations. Community feedback helped to inform the design of changes to the department that would deliver a more culturally welcoming space. Funding to support these activities was secured via the Mental Health Alcohol and Other Drugs Branch (MHAODB).

## Evaluation and Results

The project lead, working at 0.2FTE for six months, has conducted several site visits to date at community groups/events, government and community-controlled health services, youth services, and mental health services. All site visits were documented, and community feedback was collected using a specific community engagement site visit reflection tool (proforma).

Several reciprocal visits to the Emergency and Trauma Centre by representatives of Aboriginal and Torres Strait Islander organisations and community members also occurred. First impressions by community visitors were documented using the "NHS 15 Steps Challenge" (N.H.S., 2017) document. This allowed community members to share their perspectives of the department using their key senses e.g. sight, smell, touch and sound.

Feedback directly informed the design of changes to the department's physical environment, cultural safety education, and discharge referral pathways and models of care for Aboriginal and Torres Strait Islander patients with suicidal ideation. The implementation of these changes is ongoing. NAIDOC week activities were promoted throughout the department and a specific community engagement session was held.

At the conclusion of the project, a qualitative Thematic Analysis will be completed, and we look forward to sharing the findings.

## Lessons Learnt

Representatives from Indigenous communities who visited our department have provided valuable feedback on perceived barriers for the ED becoming a welcoming place to access health care. The physical environment, systemic racism, deficits in cultural capability and lack of appropriate services and follow up/referral pathways remain ongoing challenges for emergency departments to become physically, emotionally and culturally safe welcoming healing spacing for Aboriginal and Torres Strait Islander people experiencing an acute mental health crisis.

Community partnerships and engagement with existing organisations that provide culturally safe models of care, are crucial to inform the development of high-quality services for Aboriginal and Torres Strait Islander people. If we ignore these lessons and refuse to listen and value the viewpoints and ideas of community members, our health services will continue to provide inadequate health care and the gap in health outcomes between Indigenous and non-Indigenous patients will not close.

The journey towards cultural awareness is ever growing and evolving. What matters is taking the first step in committing to this journey. Emergency departments must be dedicated to investing time in building relationships with Aboriginal and Torres Strait Islander people and organisations in order to truly understanding perspectives of the community that it serves and be open to innovative co-

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designed models of care.

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