MOB ED

Initiative Type

Model of Care

Status

Deliver

Added

09 May 2024

Last updated

06 February 2025

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/mob-ed

Summary

Imagine an Emergency Department designed for Aboriginal and Torres Strait Islander people… how would it look? how would the staff look? what conversations would they be having? how do we develop that?
MOB ED creates a culturally safe care pathway for Aboriginal and/or Torres Strait Islander children, young people, and their kin. Children's Health Queensland have partnered with the Institute for

Urban Indigenous Health (Community Controlled Health Service), to achieve Health Equity for Aboriginal and Torres Strait Islander people, as part of Connected Community Pathway funding. The MOB ED model of care focus on cultural and community safety at each touchpoint on the Aboriginal and/or Torres Strait Islander patient journey, by providing an extra layer to wrap around the usual patient journey. The MOB ED team enhance the ED team, providing invaluable insights into Aboriginal and/or Torres Strait Islander views of health and promoting culturally safe care plans. MOB ED develop a framework on local Aboriginal and Torres Strait Islander view of health and wellbeing, and evidence-based practices, Clinical yarning, Trauma Informed Care and Teachback. MOB ED Health professionals meet with families in a designated culturally safe space to undertake a "Welcome, Wellbeing and Wayfinding Yarn", weaving into clinical care, culture and community. MOB ED is led and 100% staffed by Aboriginal and Torres Strait Islander people, mob caring for mob, this successful model demonstrates self-determination in health care, with the aim of creating culturally safe and responsive environments and practices that, in turn ensure the wellbeing and health of Aboriginal and Torres Strait Islander community.MOBED currently provides Aboriginal and Torres Strait Islander Health Worker coverage in the ED from 7am-11pm, seven days a week. The MOB ED workforce continues to grow, with the aim to ultimately provide 24hr cover.

Key dates

Feb 2023

Implementation sites

Queensland Children's Hospital, Emergency Department

Partnerships

The Institute of Urban Indigenous Health - moblink, Consumers and community partners

Key Contacts

Darsha Beeston

4503

william.vanheerden.ced

Clinical Nurse Consultant, Emergency Department

Queensland Children's Hospital

Tel: 07 30681111

Darsha.Beetson@health.qld.gov.au

Aim

Achieving health equity in the Queensland Children's Hospital Emergency Department, by creating a culturally safe care pathway for Aboriginal and Torres Strait Islander children, young people, and their families.

Benefits

MOB ED supports Health Equity by addressing the five inter-connected key priority areas.
1. Actively eliminate racial discrimination and institutional racism.
2. Increase equitable access to healthcare for Aboriginal and Torres Strait Islander peoples.
3. Influence the social, cultural and economic determinants of health.
4. Deliver sustainable, culturally safe and responsive healthcare services.
5. Work with Aboriginal and Torres Strait Islander people to design, deliver, monitor and review health services.

Background

Aboriginal and Torres Strait Islander health professionals' governance and Aboriginal and Torres Strait Islander leadership is essential to ensuring cultural safety for Aboriginal and Torres Strait Islander employees, especially during the change management cycles when clinical and cultural governance structures are required to address racism and discrimination in the Workplace.

Solutions Implemented

We built data set outlining number of Aboriginal and Torres Strait Islander peoples attending

Queensland Children's Hospital, reviewing their patient journey and experience, this highlighted the need for cultural safety, identity training and recruitment of Aboriginal and Torres Strait Islander staff to join team and develop QCH ED Health Equity Action Plan- MOB ED.

MOB ED CNC developed an Aboriginal and Torres Strait Islander model of care for ED, that begins for Aboriginal and Torres Strait Islander patient's by identifying Indigenous descent at triage, to ensure that cultural safety can be delivered at the first touchpoint on the patient journey. Then the patient is directed to Aboriginal and Torres Strait Islander Health Workers within the ED for engagement and clinical assessment. MOB ED staff will have a Welcome, Wellbeing and Wayfinding yarn that supports co design of holistic healthcare by weaving into clinical care, culture and community, understanding the social and economic determinants that impact health, improving access, taking a trauma informed approach, working through barriers to receiving health care, and directing the multi-disciplinary team to deliver culturally safe clinical care. MOB ED paediatric nurses, follow up of all Aboriginal and Torres Strait Islander patients discharged from CHQ ED, prioritising those who did not wait, the nurses provide consultation for continuity of care, compassion, community connection and cultural safe care closer to home. MOB ED recognise, encourage and converse with patients/families who require additional community health supports to engage with moblink, our community partners, to highlight how this may benefit them and ensure continuity of care past the hospital doors.

In our model of care Aboriginal and Torres Strait Islander managers become models and mentors for non-Indigenous managers who value Aboriginal and Torres Strait Islander employees. Providing cultural mentoring for non-Indigenous managers who make strategic decisions around Aboriginal and Torres Strait Islander health is important. The Queensland Childrens Emergency Department has adopted a department wide approach, cultural safety in all ED services, continued learning and doing better is at the heart of MOB ED evolvement. MOB ED is embedded into ED services, data monitoring, administration, care given, acknowledging significant Indigenous dates, recruitment, orientation of doctors, nursing and administration staff, welcoming environment and wayfinding, ongoing education on racism and unconscious bias, policy, and practice. The expectation is if a patient identifies as Aboriginal and Torres Strait Islander a health equity action will be completed at each touchpoint on the patient journey.

Recruitment of Aboriginal and Torres Strait Islander staff, they bring a unique skill set, which comes from their lived cultural experiences and ways of being and doing, making them powerful advocates and agents of change to improve health outcomes. At the core lies their holistic and patient-centred focus, and family and cultural values, they deliver culturally responsive care and overcome barriers for clients accessing health services. Additionally, Aboriginal and Torres Strait Islander health professionals play a key role in providing education for non-Indigenous staff through demonstration of cultural safety when interacting with Aboriginal and Torres Strait Islander peoples. This has been essential to the goal of MOB ED to improve the capacity to provide culturally safe care by all members of the multidisciplinary team, even outside the rostered hours of the MOB ED Health Workers. The MOB ED team has worked closely with allies in the wider team to improve cultural competency of all staff through role modelling culturally safe care and targeted education. In turn, this has created a more culturally safe and inclusive workplace for Aboriginal and Torres Strait Islander staff and this workforce has increased within the department. Cultural safe recruitment practices have been adopted by QCH ED ensuring staff are connected and comfortable.

The MOB ED program places emphasis on culturally safe care beginning at the first interaction on presentation by families to QCH ED, the care pathway starts with all families being asked if they identify as Aboriginal and/or Torres Strait Islander by the triage nurse. This has shifted the question from being considered as an administrative process for data collection to being viewed as integral to the ongoing clinical care that is provided. This is then clearly documented in the electronic medical record to share the information with the treating team. This question is further incorporated into nursing and medical assessments with all streams of the multidisciplinary team challenged to add a

health equity action at each touchpoint on the patient journey. Small steps such as this change in process have made incremental improvements in the understanding of health equity by all members of the QCH ED team who have the privilege of working alongside the MOB ED team as peers to provide the best possible care for patients. Improved identity of Aboriginal and Torres Strait Islander people to ensure,

- Safe, high-quality and culturally appropriate clinical care
- Understanding that self-identification is important to enable access to services in response to community health needs.
- Upholding of the rights of all Aboriginal and Torres Strait Islander people
- Improved quality of services available to individual patients and their families by informing care requirements, including population-specific improvements in clinical decision-making.

Building relationships our community partners- moblink (IUIH), Health Equity for Aboriginal and Torres strait islander peoples is everyone's business. We have partnered with moblink to advocate for the co design and development of care models that meet the needs of children and young people and are delivered in partnership with families and their community. On an individual patient level there are numerous case examples where, through sharing their lived experiences, the MOB ED team have been able to develop rapport and trust from families who have previously struggled to access healthcare. Through partnerships with community-based organisations, such as the Institute for Urban Indigenous Health, families have been engaged in care closer to home and collaborative advocacy has occurred to improve outcomes for complex patients avoiding unnecessary hospital admissions. QCH ED now has a Paediatric Emergency Fellow who is working 0.5FTE in ED and 0.5FTE with IUIH further building the connection between the organisations.

The impact of the MOB ED program has had further reaching influence through the sharing of knowledge and strategy with the broader healthcare system to empower others to also improve the access to culturally appropriate and racism-free care. This has included presentations at Queensland Emergency Department Strategic Advisory Panel Forum 2023 (QEDSAP) and, in partnership with IUIH, at the SE Queensland Health Equity conference. MOB ED received the 2023 ACEM Foundation Al Spilman Award for Culturally Safe Emergency Departments, commending the commitment to cultural safety as an essential step in reducing current health disparities and inequities for Indigenous people.

Evaluation and Results

Usual QCH ED patient feedback channels are encouraged and supported by MOB ED staff to gain qualitive data about Aboriginal and Torres Strait Islander patient and family experiences, case studies and staff experiences. An iPad has been provided for MOB ED Health Workers to gain feedback from Aboriginal and Torres Strait Islander families, using a warm, culturally safe, yarning approach. Quantitative data about Aboriginal and Torres Strait Islander patient flow, occasions of service with MOB ED, quality and safety, did not wait, and identity data has been used from Divisional Performance reports. MOB ED launched in February 2023, supporting over 2000 families in the first year of implementation, breaking down the barriers for Aboriginal and/or Torres Strait Islander children in accessing culturally safe emergency care.

From 2022 to 2023 QCH the number of patients presenting to QCH ED who identify as Aboriginal and/or Torres Strait Islander increased by over 10%. Aboriginal and Torres Strait Islander people are more likely to identify as such if they are in a safe environment where they will not experience discrimination. Ensuring that health service organisations have a welcoming environment, and a culturally competent workforce is critical.

Over the same period, there has been a reduction in proportion of Aboriginal and/or Torres Strait Islander families who did not wait (DNW) to be seen from 4.2% to 2.5%.

In the first 5 months of the program there was a tenfold increase in patient referrals to the Institute for Urban Indigenous Health, supporting timely access to culturally appropriate community-based care.

MOB ED Clinical Nurse follow up calls connect with approximately 50% of Aboriginal and Torres Strait Islander families discharged from ED and 100% of DNW patients receive follow up.

Feedback is sought from Aboriginal and Torres Strait Islander families post ED attendance with 91% of respondents feeling culturally and spiritually safe during their visit and 87% of families feeling satisfied or extremely satisfied (74%) that ED staff treated them with care and compassion.

Qualitative patient feedback includes "feel culturally safe yarning to an Aboriginal worker", "really nice to have the Indigenous nurse call me a few days later to ask how bub was doing. I felt very understood."

The departmental dashboard has been enhanced to allow all data to be filtered by Aboriginal and Torres Strait Islander status. This is now routinely reported in performance meetings to ensure transparency of the work towards health equity.

Lessons Learnt

- More data and research with Aboriginal and Torres Strait Islander families is needed to understand further the cultural safety impacts.
- Support scale and spread of MOB ED model of care into other EDs and wards.
- Explore the Aboriginal and Torres Strait Islander staff and non-Indigenous staff experience of MOB ED and factors that contributed to cultural safety.
- Explore the increase in Aboriginal and Torres Strait Islander people applying for employment within the QCH emergency departments

PDF saved 31/05/2025