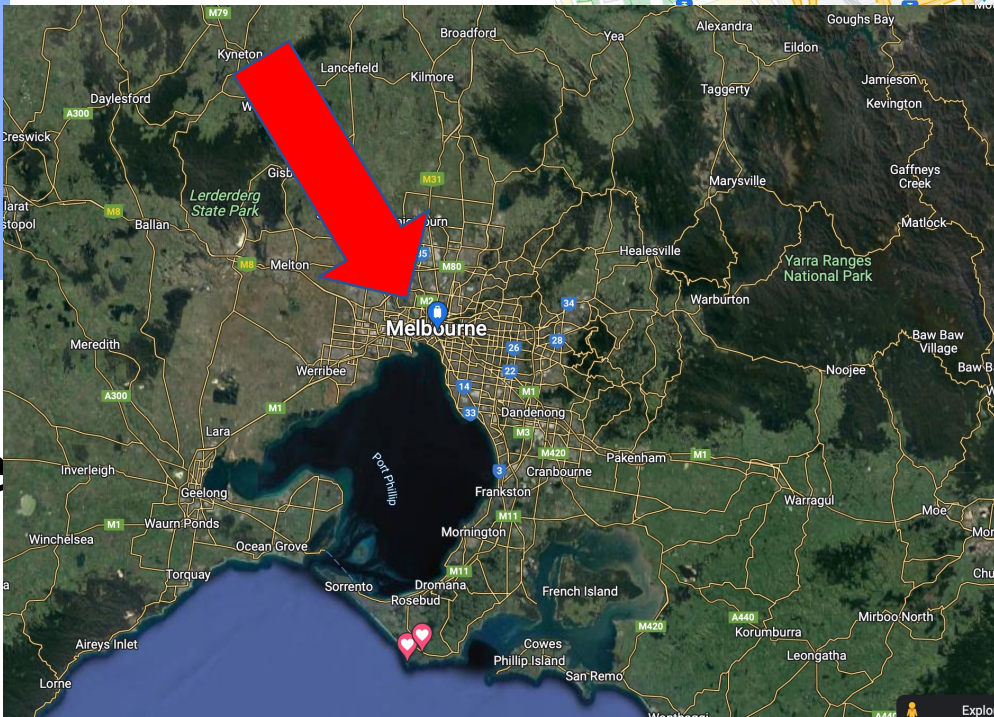
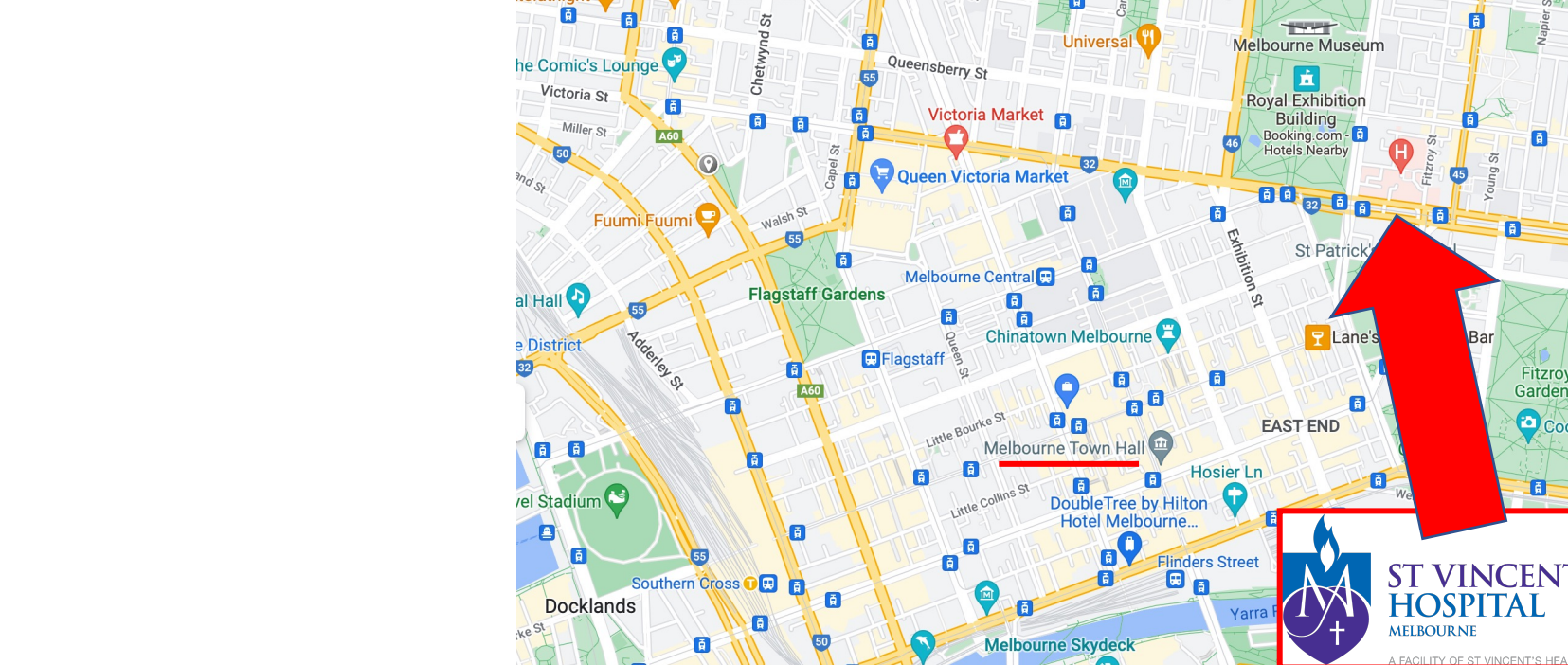


Providing Culturally Safe Care in the Emergency Department an Australian Example



**ST VINCENT'S
HOSPITAL**
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA



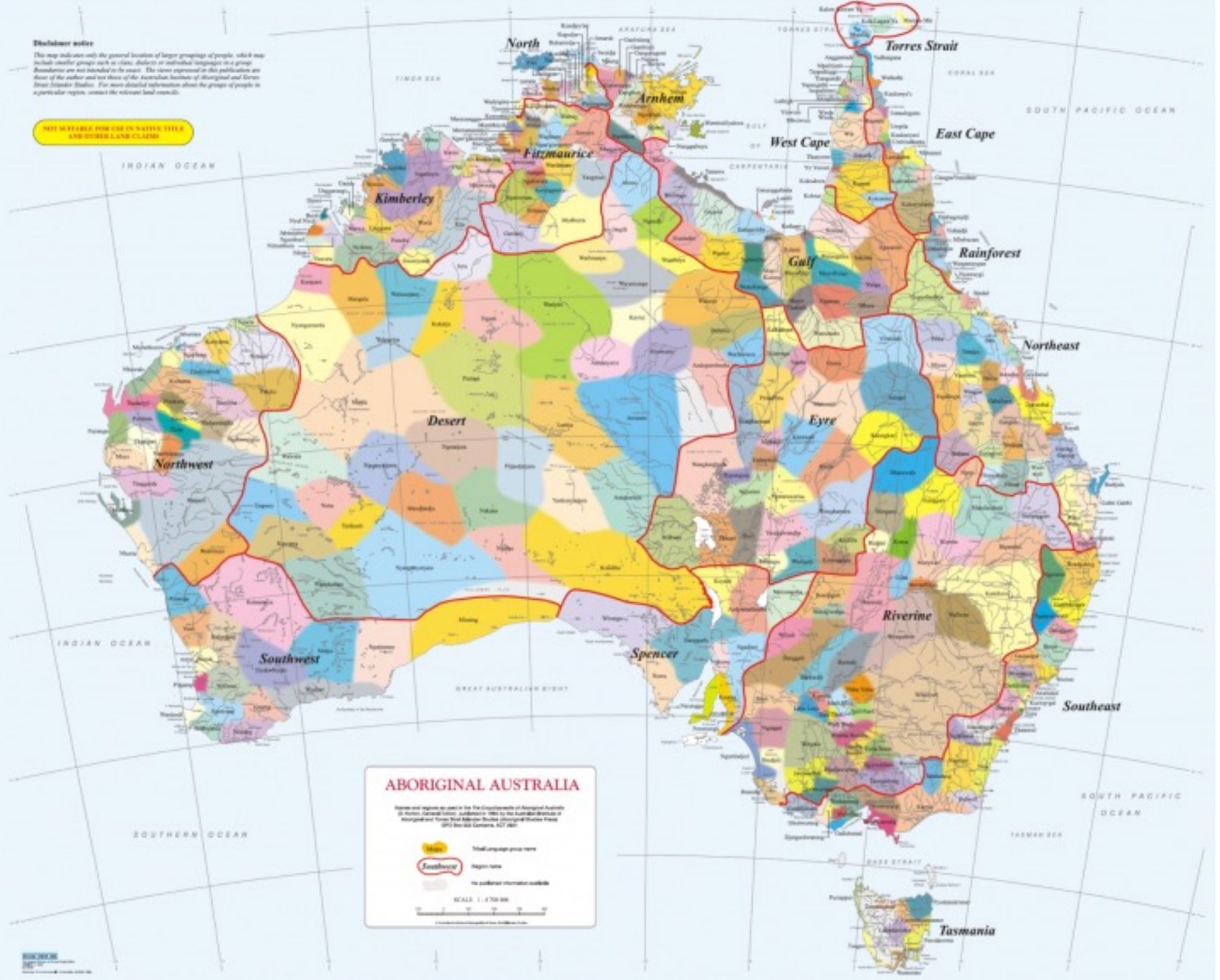
Australia ~size of Europe
Melbourne ~5 million people



Disclaimer notice

This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects or individual languages in a group. Boundaries are not intended to be exact. The views expressed in this publication are those of the author and not those of the Australian Institute of Aboriginal and Torres Strait Islander Studies. For more detailed information about the groups of people in a particular region, contact the relevant local councils.

NOT SUITABLE FOR USE IN NATIVE TITLES AND OVERSEAS CLAIMS



ABORIGINAL AUSTRALIA

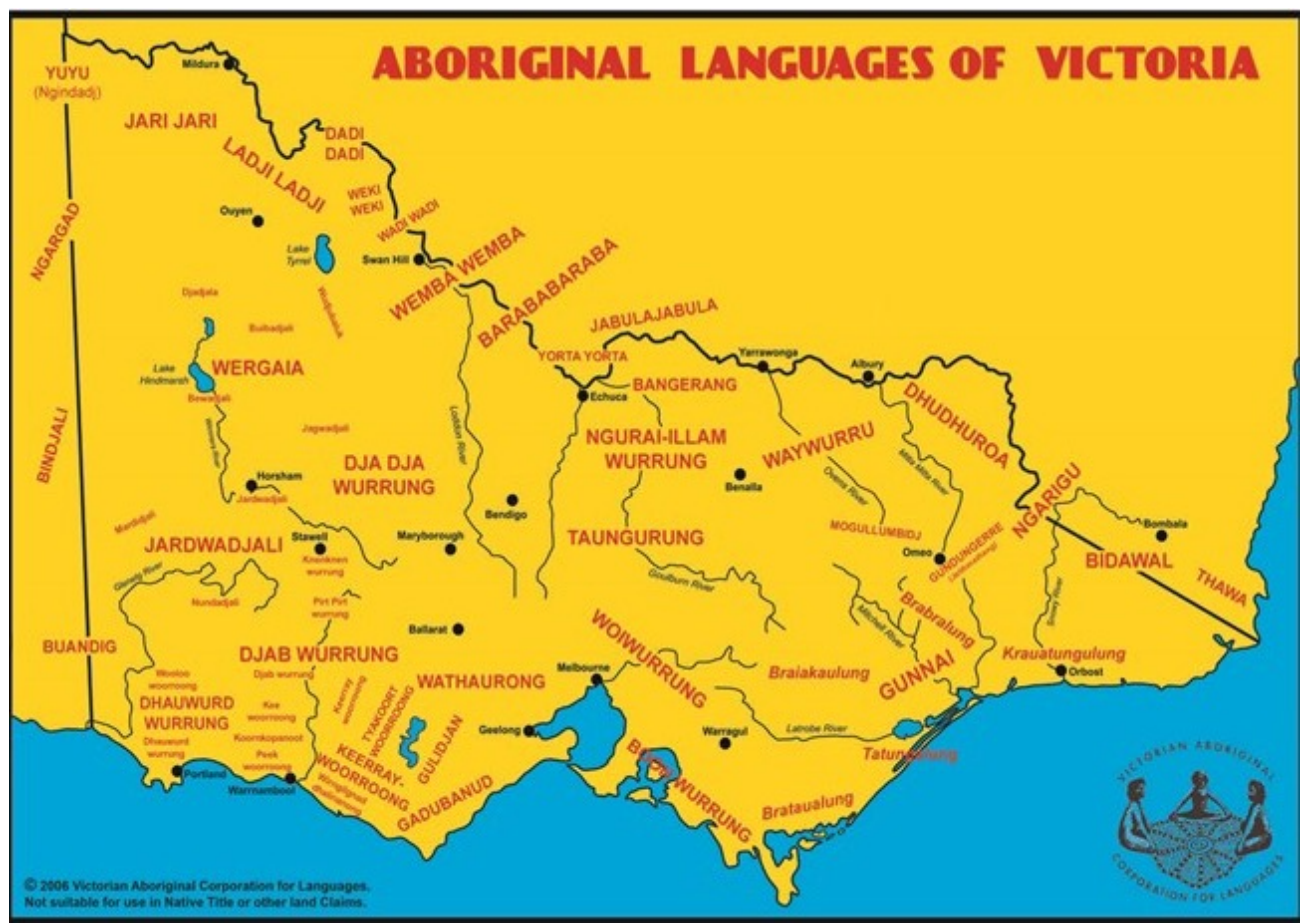
Names and regions are used in the The Commonwealth of Aboriginal Australia in former colonial times. Available in 1988 in the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) website.

- Traditional language group name
- Region name
- No published information available

SCALE 1 : 4700 000



Victorian Languages Map





Cummeragunja Mission





St Vincent's Hospital Melbourne







Our team





Key Points:

- First Nations people are very diverse in culture, language and traditions
- We have the oldest living culture in the world, dating back over 60,000 years
- Colonisation heavily impacted First Nations people, resulting in loss of language, traditions and culture
- Historically, hospitals are known for denial of medical care and the forced removal of First Nations children from families
- Intergenerational trauma continues to impact my people today
- First Nations people can expect to die 10 years earlier than their Non-Indigenous peers

STAN GRANT



- <https://www.youtube.com/watch?v=uEOssW1rw0I>



Why do we need culturally safe healthcare?

- First Nations people have inequitable health outcomes
 - High rates of 'left not seen' in ED
- Historical context means patients are often re-traumatised in hospitals
- Several incidents highlighted we have a culturally unsafe environment
- Case study:



St Vincent's approach to improving cultural safety

Theoretical approach

- Participatory methodology
- Appreciative enquiry
- Strengths framing to counter deficit discourse



St Vincent's approach to improving cultural safety

Working group establishment

- 6-month pilot
- Regular online meetings
- Multi-disciplinary staff
- Meetings were opportunities for discussion, education and action



St Vincent's approach to improving cultural safety

Learnings

- Importance of paid time
- Can't ignore racism
- Sustainable change takes time
- Strong support systems are key to avoid burnout
- First Nations staff face additional cultural load



Leave events - Background

- ED's are a known first point of contact for Indigenous people for healthcare
- Make up 0.5% of SVHM catchment but 3.5% of our ED population
- It has been well-documented that under-triaging of Aboriginal and Torres Strait Islander patients commonly occurs.



Left Not Seen Rates

- ED wait times have increased.
- Increased wait times are shown to be the main reason behind leave events
- Leave events can be a re-traumatising experience.
- It is a KPI for the hospital and the hospital retains some responsibility for patient care. 5% target for all EDs for all patients.



Left Not Seen as a measure of Cultural Safety

- Major City LNS rate Nationally is
10 % Indigenous patients ,
5 % Non-Indigenous.
50% difference
- In 2020 at SVHM, LNS rate is
8 % Indigenous
3% Non-Indigenous population.
>50% difference
- **The difference can be used as an indirect measure of cultural safety.**

IHEWG - Five approaches undertaken to reduce LNS rates in First Nations people





Inpatient Admission Policy

2.2 Procedure

2.2.1 Inpatient Admission

- Patients presenting to ED are triaged according to the Australasian Triage Scale (ATS).
- Priority for care within ED will be determined by assessment of the medical needs of all current patients waiting to receive care.
- Triage staff will be aware of patients with special needs which may include complex psycho social and/or cultural issues, e.g. Aboriginal and Torres Strait Islander (ATSI) patients who may not wait to be seen. In line with current evidence, patients with significant social complexity may be triaged to a higher category than indicated by their medical presentation alone.
- Patients whose care needs have been assessed by the ED medical staff as requiring further assessment and planning which can be

*This was previous policy >15 yrs ago

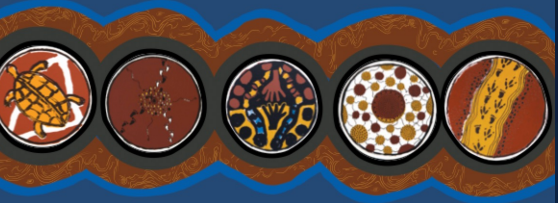
ENDORSEMENT DATE: October 2017

CHAPTER: Clinical

AMENDMENT DATE/S: August 2019

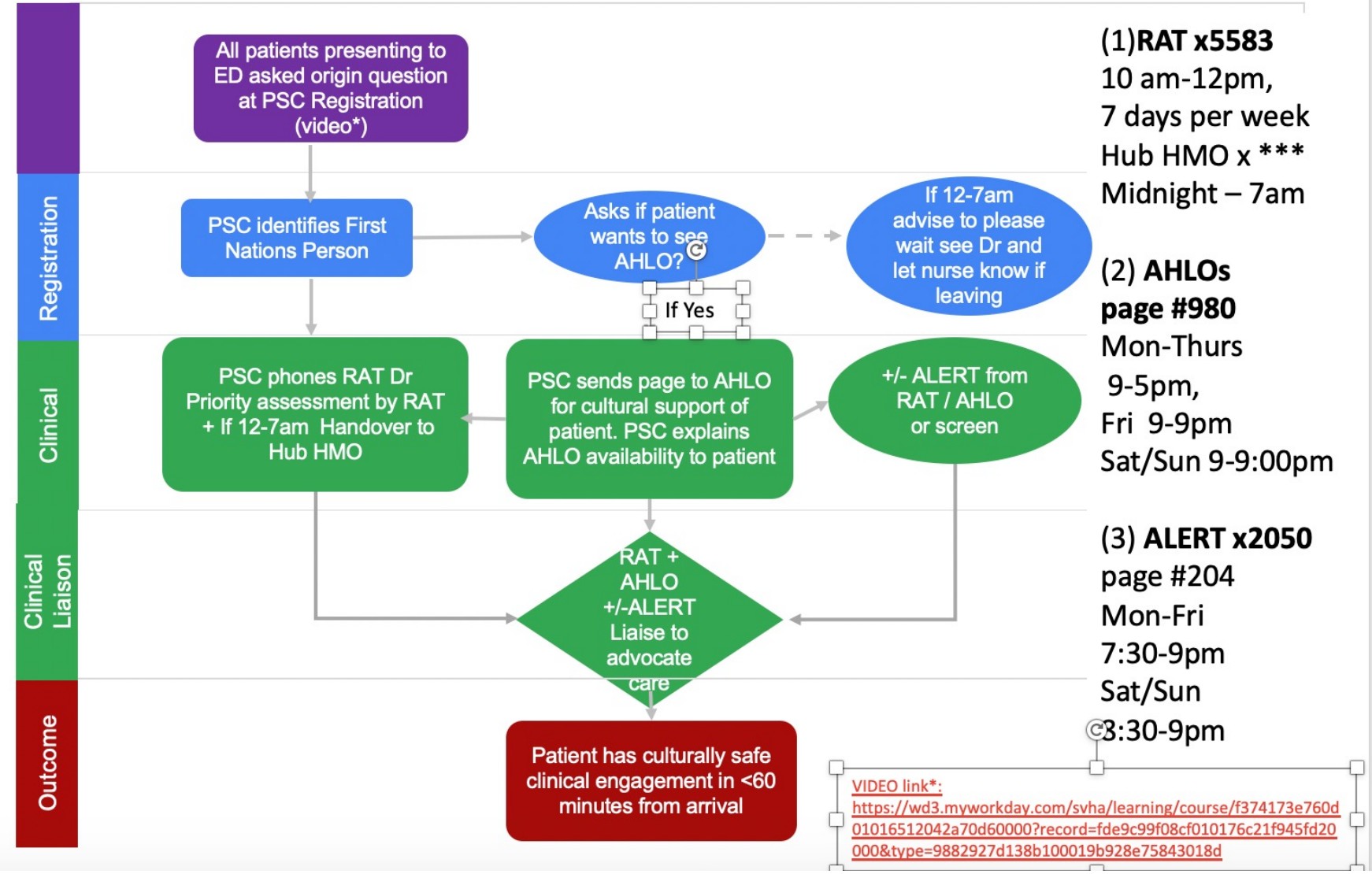
achieved with a length of stay up to 36 hours; will be admitted straight to the Short Stay Unit beds (SSU). (Refer to: Admission to Short Stay Unit)

- Patients who are assessed by the ED Medical Officer as requiring inpatient admission are referred to the appropriate inpatient Clinical Unit Registrar (or consultant) for a decision to admit.
- When the inpatient unit's registrar has been referred the patient, the patient will be allocated to the unit. It is the responsibility of the admitting unit to ensure the patient is transferred from ED within appropriate clinical timeframes as specified by the DHHS State wide



1.

Rapid Identification and Engagement of First Nations People in ED (RIF pathway)






2. Patient administration system flags

Login 17/03 at 06:23 Jonathan Henshall IBA Testing Hospital

Views Functions Search Maintenance Processing

MANAGAN Mr Luke  HF/T NIL /NIL Arrival 15 Dec 2021 16:13:19

Date of Birth 01 Jan 1985(Age 37 yrs) Sex/Gender Male Claim Type 0

Views Actions Documents

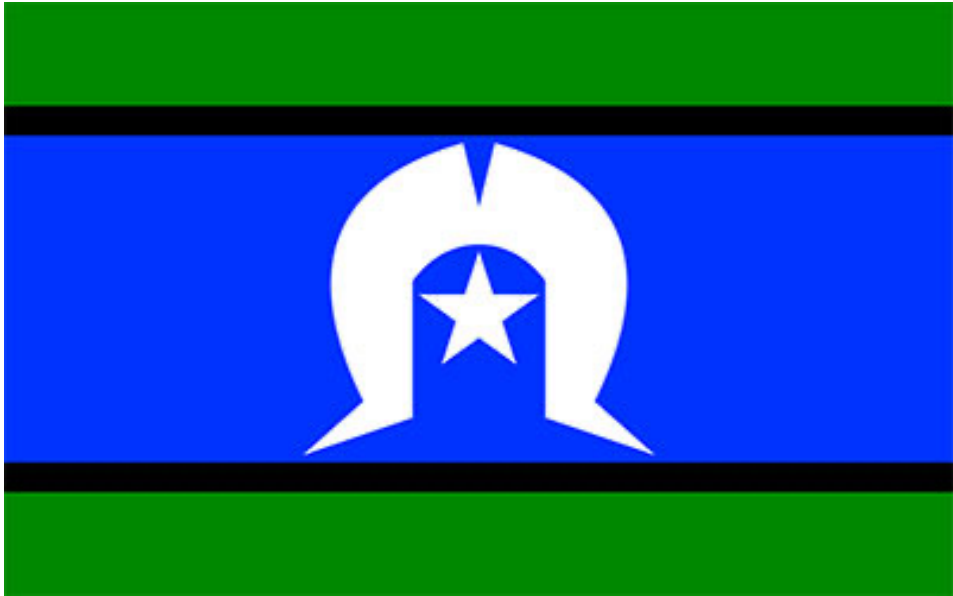
Demographics Details

Title	MR	Overseas Address	<input type="checkbox"/>
Surname	MANAGAN	Search Address	Click here to search for an address
First Given Name	LUKE	Address	13 COOK ST
Second Given Name		Suburb	WILLIAMSTOWN
Gender/Sex	Male L	State	VIC
Date of Birth	01 Jan 1985	Post Code	3016

PMI Details

Marital Status	1 - Single	Medicare Number	<input type="text"/>
Religion	ANGLICAN	Valid to	<input type="text"/>
Country of Birth	ANTARCTICA	Pension/HealthCareCard #	<input type="text"/>
Resident	RESIDENT OF AUS.	Occupation	<input type="text"/>
Indigenous Status	7 Aboriginal and TSI	Safety Net Number	<input type="text"/>
Interpreter Required	Not Stated	Height	<input type="text"/>
Pref. Language 1	ARMENIAN		
Pref Language 2			
Weight			





3. Waiting Room Update

Wominjeka – Welcome

St Vincent's Hospital Melbourne wishes to acknowledge that we are on Aboriginal land.

We pay our respects to all Traditional Custodians and in particular those of the Kulin Nation.

We welcome all Aboriginal and Torres Strait Islander patients to our service.

Emergency Department

Most urgent patients are treated first

Patients currently waiting to be seen

2

Current estimated wait time is between

60

and

74

minutes





4.Waiting Room Slides



Welcome

Welcome to St Vincent's Hospital.

We welcome everyone who comes to us for help.

It's important for us to give our patients emergency care that:

- is kind
- is honest
- includes everyone
- is at a high standard.



5. Waiting Room Wall transfers

Wominjeka Welcome

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We pay our respects to Elders past and present.

They hold the memories, traditions, culture and hopes of Aboriginal Australia.



ST VINCENT'S
HOSPITAL
MELBOURNE



ST VINCENT'S
HOSPITAL
MELBOURNE



Administration
Clerk

**Wominjeka
Welcome**

St Vincent's Hospital Melbourne wishes to acknowledge that we are on Aboriginal land. We pay our respects to all Traditional Custodians and in particular those of the Kulin Nation.

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ST VINCENT'S HOSPITAL
MELBOURNE

TO ENSURE PATIENT SAFETY,
VISITORS TO THE EMERGENCY
DEPARTMENT ARE ONLY
PERMITTED AT THE DISCRETION
OF THE NURSE IN CHARGE

Caution
Automatic
Door →

RAT
2

PLEASE DO NOT
STAND HERE
→
SLIDING DOOR

VISITOR
RESTRICTIONS
UPDATE: 1st May 2023
VISITORS ARE
NOT PERMITTED

Treatment area
See ⓘ for access

←

of Left Not





Ongoing
monitoring
of Left Not
Seen Rates



Ahe'hee Nitsago!



**(We would welcome volunteers to talk at
our working group!)**