



BETTER TOGETHER
Aboriginal and Torres Strait Islander
Health Plan 2019 -2022

© Metro North Hospital and Health Service 2019

Better Together Aboriginal and Torres Strait Islander Health Plan 2019–2022 by Metro North Hospital and Health Service is licensed under a Creative Commons Attribution 4.0 Australia licence.



To view the terms of this licence, visit:
<https://creativecommons.org/licenses/by-nc-nd/4.0/>

For permissions beyond the scope of this licence contact qgcio@qld.gov.au

To attribute this material, cite the *Better Together Aboriginal and Torres Strait Islander Health Plan 2019–2022* by Metro North Hospital and Health Service.

Accessibility

Public Availability

Where possible, readers are encouraged to download the report online at:
www.health.qld.gov.au/metronorth

Where this is not possible, printed copies are available using one of the contact options below:

Address: Aboriginal and Torres Strait Islander Health Unit
Chermside Community Health Centre
Building 26, 490 Hamilton Road
Chermside Qld 4032

General Phone: (07) 3139 3235

Office Hours: 9am–5pm

General e-mail: A_TSIHU_MNHHS@health.qld.gov.au

Interpreter Services Statement



Metro North Hospital and Health Service is committed to providing accessible services to the community from culturally and linguistically diverse backgrounds.

If you have difficulty in understanding the annual report, please contact us on 07 3646 8111 and we will arrange an interpreter to communicate the report to you effectively.

Disclaimer

Aboriginal and Torres Strait Islander viewers are respectively warned photographs contained in this report may contain images of deceased persons which may cause sadness or distress.

BETTER TOGETHER

A BETTER LIFESTYLE THROUGH OUR HEALTH CARERS

BY ELAINE CHAMBERS-HEGARTY



My design has the inspiration of the Moreton Bay region, and concentrates on the Closing the Gap Plan and what it delivers for our Aboriginal and Torres Strait Islander people in our community and the positive outcome it brings to the health and wellbeing of our mob.

Four icons that flow across the artwork, shows a timeline from the care and strong start to life when a child is born, then onto a healthy heart beat and hands to embrace showing the care of our people to influence a healthy lifestyle to reduce the burden of disease. The next icon shows the tree and represents growth and complex care of those in need. There are two message stick symbols that represent the communication with cultural awareness given from the staff during times of crisis. Whilst the last icon which has the medical cross and the shape above of a gunya to represent care at home or elsewhere, and living longer with the care provided, taking into account the social, emotional, and mental wellbeing of clients and their families.

Circle markings represent the gathering areas and the coming together in community. The crosshatching in my artwork represents the structure and support of the policies established amongst the plan - similar to the crosshatchings on a weaving and how it all holds combines together. Whilst the middle image of the people show them as enjoying the healthy outcomes. I have added the two animals that are relevant to this area, and was a food source for the people many years ago.

Metro North Hospital and Health Service would like to acknowledge the Traditional Custodians of the land on which our services are located.

We pay our respects to the Elders both past and present and acknowledge Aboriginal and Torres Strait Islander peoples across the State.

We continue to recognise that to Close the Gap we need to work together with Aboriginal and Torres Strait Islander people, communities, staff and stakeholders to ensure that we are meeting the needs of the community.



FOREWORD

As the largest public health service in Australia, Metro North Hospital and Health Service (HHS) is committed to improving the health of Aboriginal and Torres Strait Islander people.

We remain committed to the Council of Australian Governments' targets to Close the Gap in life expectancy of Aboriginal and Torres Strait Islander people by 2033.

In December 2018, The Queensland Health Statement of Action towards Closing the Gap in health outcomes commit all areas of Queensland Health to undertake organisational, system-level changes to build sustainable cultural capability across the organisation.

The *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022* (the Plan) provides the framework to ensure we are a national leader in the delivery of effective health services that are planned, supported and culturally equipped to increase access and improve health outcomes both in acute and community setting for Aboriginal and Torres Strait Islander people.

This Plan is dedicated to improving the health and lives of people with Aboriginal and/or Torres Strait Islander backgrounds. This will be achieved by focusing on priority areas including the discharge against medical advice reduction strategy, revised models of care inclusive of cultural needs, Indigenous cancer care initiatives and an Indigenous workforce development and employment strategy. Underpinning this work will be the establishment of Reconciliation Action Plans across Metro North HHS.

Metro North HHS is proud to be leading the way for the Close the Gap agenda. Key initiatives such as the Ngarrama Maternity Program have successfully closed the gap on birth weights and antenatal visits, the recent launch of the Deadly Start school-based traineeship program will allow Aboriginal and/or Torres Strait Islander students a career path into health and we are building stronger and more respectful relationships with Aboriginal and Torres Strait Islander peoples and communities to progress reconciliation through our Innovate Reconciliation Action Plan May 2019 – May 2020 within the Community and Oral Health Directorate.

Thank you to our Aboriginal and Torres Strait Islander patients, consumers, community groups and partnership organisations for contributing to the development of this important plan. Together we take the journey to ensure Indigenous health is everyone's business.

Dr Robert Stable AM
Chair
Metro North Hospital
and Health Board

Ms Jackie Hanson
Acting Chief Executive
Metro North Hospital
and Health Service

STATEMENT OF INTENT

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples', 13 February 2008

This is a statement of intent – between Metro North Hospital and Health Service and the Aboriginal and Torres Strait Islander Peoples', supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organisations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples' and non-Indigenous Australians by the year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples' of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples' have equal life chances to all other Australians.

We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples' have access to health services that are equal in standard to those enjoyed by other Australians, and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services.

Metro North Hospital and Health Service commits to:

- Developing a *MNHHS Close the Gap Plan 2019–2022* to ensure all Aboriginal and Torres Strait Islander people accessing MNHHS will receive high quality person centred care that is culturally responsive, empowers self-care and choice, and is designed to improve health and wellbeing.
- Ensure the full participation of Aboriginal and Torres Strait Islander peoples' voices and their representative bodies in all aspects of addressing their health needs.
- Strengthen a culturally capable workforce where Aboriginal and/ or Torres Strait Islander employees are supported and valued for their contribution.
- Enhancing visibility of outcomes to Close the Gap and the contributions and roles of the individual, the service, the health sector, and other social sectors.
- Providing integrated, culturally appropriate care that empowers people to achieve their health goals, improve their experience, and close the gap in health outcomes.
- Develop an Indigenous clinical service action plan focusing on four priority areas of; strong start to life, reducing the burden of disease, crisis and complex care and living well and living longer.
- Identified joint planning and strategies with our key stakeholders such as Brisbane North Primary Health Care Network, Institute of Urban Indigenous Health and other relevant organisations and agencies.
- Create individual hospital level Reconciliation Action Plans for The Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture and Kilcoy Hospital and Community and Oral Health to strengthen relationships, respect and reconciliation between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.



MR SHAUN DRUMMOND
Chief Executive
Metro North Hospital and Health Service
21 March 2019



DR ROBERT STABLE AM
Chair
Metro North Hospital and Health Board
21 March 2019



HOW TO READ THIS PLAN

This Plan describes key actions to deliver on the priority areas to improve the health outcomes for Aboriginal and Torres Strait Islander people who access health care services in Metro North HHS. This Plan has been prepared in three parts:

- PART A:** Context and background – outlines the context for change and background information that describes the current service environment
- PART B:** The way forward – presents the future action and measures of success which will guide service delivery for Aboriginal and Torres Strait Islander people over the next four years
- PART C:** Implementation, monitoring and review – details the implementation, monitoring and review process that will be implemented on approval of this Plan.




CONTENTS


FOREWORD	4
STATEMENT OF INTENT	5
HOW TO READ THIS PLAN	6
PART A: CONTEXT AND BACKGROUND	8
PART B: THE WAY FORWARD	11
PRIORITY AREA 1: Leadership, governance and workforce	12
PRIORITY AREA 2: Engagement and partnerships	14
PRIORITY AREA 3: Transparency, reporting and accountability	17
PRIORITY AREA 4: Culturally responsive, safe and connected care	18
4.1 Clinical focus area: Strong start to life	19
4.2 Clinical focus area: Reducing the burden of disease	20
4.3 Clinical focus area: Crisis and complex care	21
4.4 Clinical focus area: Living well and living longer	22
PART C: IMPLEMENTATION, MONITORING AND REVIEW	23
APPENDIX 1: STORIES OF OUR SUCCESS	24
GLOSSARY	27

PART A: CONTEXT AND BACKGROUND

Metro North HHS is committed to providing equity of access to high quality health care services and building relationships based on inclusion with Aboriginal and Torres Strait Islander people and their communities.

OUR ENVIRONMENT


In 2017
1,003,517
people lived in
Metro North HHS.

In 2016
22,389 
people identified as
Aboriginal and/or Torres Strait
Islander descent which equates to
2.3% of the total 2016 Metro
North HHS population.

In 2016 Caboolture
had the **highest**
Indigenous
population
with **6,918** people.

The region's Aboriginal and/or Torres Strait Islander population is a younger population, when compared to the general population. In 2016, over half (55.6 per cent) of the region's Aboriginal and/or Torres Strait Islander population was aged less than 25 years. Females comprise 51.1 per cent of the Aboriginal and Torres Strait Islander population in the region, with the ratio of females to males increasing with age.

Between 2011 and 2016, the Aboriginal and/or Torres Strait Islander population residing in the Metro North region increased by 37.6 per cent, compared to 18 per cent nationally. By 2031, the Indigenous population in South East Queensland is projected to be 133,189, the largest of any other State's population projection.

11,442
Indigenous separations
The Discharge Against
Medical Advice rate for
MNHHS for the 2017-18
financial year is 3.7%
over 3 x the rate
of non-Indigenous
patients at 1.2%

CURRENT SERVICES


Metro North HHS provides a comprehensive mix of services inclusive of surgery, cancer care, maternity, trauma, medicine, mental health and subspecialty areas to a diverse population catchment inclusive of different races, ethnicity, religions, or other socially determined circumstance.


For people accessing Metro North HHS healthcare services, we are dedicated to improving the health and lives of all people in our region. Reducing the level of health inequality is paramount so that people can reach their full health potential, and this is achieved through a range of culturally appropriate and culturally safe services. Care for Aboriginal and Torres Strait Islander people is provided in mainstream services as well as targeted services including our Indigenous Hospital Services located at our five hospitals, Ngarrama maternity programs, Indigenous mental health, Indigenous Cardiac and Respiratory outreach programs, Indigenous community services, sexual health and our cultural capability services across the organisation.


There are 19,500 staff working across five hospitals, 14 community and residential care centres, 15 mental health centres and 27 public dental health facilities of which over 200 identify as Aboriginal and/or Torres Strait Islander staff. Our staff work in various clinical, administration and operations roles across our HHS.


Provided below are select facts on disease incidence and hospital utilisation within the four clinical priority areas:

STRONG START TO LIFE

In 2017/18
9.3% 
of Indigenous babies
were born underweight
compared to **5.1%**
of non-indigenous babies.

In 2017/18
37% 
of Indigenous women
smoked at any time
during their pregnancy
compared to **8.2%** of
non-indigenous women.

In 2017/18
90% 
of Indigenous women
attended 5 or more
antenatal visits
compared to **97.9%** of
non-indigenous women.

79% 
of women
were breastfeeding
in the 24 hours
prior to discharge.

REDUCING THE BURDEN OF DISEASE

The health status of Aboriginal and/or Torres Strait Islander residents is significantly poorer than non-Indigenous residents. Aboriginal and/or Torres Strait Islander people in the region have poorer self-assessed health, a higher prevalence of long-term conditions and an increased burden of disease, when compared to the non-Indigenous population in the region.

There was an eight-year gap in health adjusted life expectancy between Aboriginal and Torres Strait Islander residents of Metro North HHS region and the total Queensland population in 2011. Cardiovascular disease contributed 1.8 years to the gap and diabetes 1.7 years. Mental disorders, cardiovascular disease and diabetes were the largest contributor to the gap in disease and injury burden between Indigenous and non-Indigenous residents of Metro North HHS region².



TRAUMA

According to the Australian Institute of Welfare, Indigenous Australians are twice as likely as other Australians to be seriously injured, and twice as likely to die of an injury. 18 per cent of all ED presentations within the Metro North HHS for adults were for trauma and 28 per cent for paediatrics (AIHW).

CANCER

In the 10-year period, 2006 to 2015 there were 805 Indigenous people diagnosed with primary cancer within the Metro North HHS catchment. 13 per cent of all cancer diagnosed in this period was attributed to Lung Cancer. The next highest incidence at 12 per cent was Breast and Prostate cancer. Haematological cancer accounted for 11 per cent and Colorectal cancer accounted for 10 per cent of all cancers diagnosed (QCCAT 2006-2015).



CRISIS AND COMPLEX CARE

There were 13,154 Emergency Department presentations in the FY 2017-18. The top presentations included Chest Pain, Viral Infection, Suicidal Ideation, Mental Illness and Head Injury. The patients that did not wait (DNW) accounted for 5.5 per cent of all presentations greater than the MN non-Indigenous rate of 3.8 per cent (EDIS - Indigenous Data Atlas).

In the 2017-18 FY there were 1,386 referrals to the Mental Health Service. The top reason was for Suicide Ideation/attempt. This was also evident in the Emergency Department presentation data where there were 460 presentations for Suicidal-Homicidal Ideation in the Metro North HHS. In some areas, the top suburb for Suicidal Ideation was 'No fixed address' indicating homelessness.



LIVING WELL AND LIVING LONGER

In 2010-12, life expectancy at birth for Indigenous Australians was estimated to be 69.1 years for males and 73.7 years for females. By comparison, the life expectancy at birth for non-Indigenous Australians was 79.7 for males and 83.1 years for females (AIHW, 2018). There is currently a gap of 10 years between the life expectancy of the Indigenous and non-Indigenous population. This has resulted in the age for Indigenous people accessing Residential Aged Care to be younger than that of the non-Indigenous population.

RISK FACTORS THAT CONTRIBUTE TO THE BURDEN OF DISEASE FOR PEOPLE WITHIN MNHHS



Smoking
rate of
35.4%



Obesity
rate of
27.6%



16%
unemployment
rate/**3 times**
the rate for the
non-Indigenous
population

^{1,2} Queensland Health (2017). *The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2017* (2011 reference year). Hospital and Health Service profiles, Queensland Health, Brisbane. ³ Australian Bureau of Statistics, 2016

WHAT MATTERS TO OUR PATIENTS, STAFF AND COMMUNITY (WE ASKED, YOU SAID, WE DID)

As part of the consultation for this Plan, Metro North HHS received over 676 pieces of individual feedback regarding the draft plan.

On National Close the Gap Day held on 21 March 2019, more than 100 community Elders, staff and patients gathered at the event held at Brighton Health Campus, to have input and share feedback to *the Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022*.

“Healthy Lore, Healthy Ceremony -
Healthy Country - Healthy Community
- Healthy Family - Healthy person.”

“Love that there is now focus on
navigation!! Literacy might be able to
be linked in here too, as Health Literacy
is such a concern for our mob.”

“Better support for pregnant mothers
for social emotional wellbeing.”

“Promote non-clinical environment
where possible.”

“Allow traditional healers to be
involved.”

“More respect for our patients
included in their care - improve cultural
awareness for staff.”



L-R: Debra Devers, Administration Officer MNHHS; Paul Drahm, Acting Director A&TSIHU; Shaun Drummond, CE, MNHHS; Jackie Hanson, A/CE; Tami Photinos, Executive Director, Community and Oral Health; and Caley Malezer, Project Officer, A&TSIHU at the community consultation day.



“Assist patients to link with GPs for
continuity of care - work with GPs
for culturally appropriate (better
communication between hospitals
and NGOs).”

“More appropriate ways to feedback.”

“More strategies around getting
clients stories out for awareness -
includes positive promotion too.”

“People can stay in community and
community can then grow strong.”

“Cultural guidelines that need to
mirror clinical guidelines.”

“Reducing shame and start to
encourage self-value.”

“Culturally appropriate crisis care:
Indigenous workers in ED, Mental
Health and Maternity.”

“Empowering patients to take control
of their own health care by listening
to them.”

“Intergenerational family support.”

“Importance of self-value and
improving health - community
approach.”

PART B: THE WAY FORWARD

The *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022* provides the framework to ensure all Aboriginal and Torres Strait Islander people accessing health services in Metro North HHS will receive high quality person-centred care that is culturally responsive, empowers self-care and choice, and is designed to improve health and wellbeing.

This Plan has been developed in consultation with Aboriginal and Torres Strait Islander patients, consumers and families, our staff and partnership organisations. Recognising that the concept of health extends to social, emotional and cultural wellbeing, Metro North HHS has invested in Aboriginal and Torres Strait Islander workforce capability, culturally welcoming environments for care and strengthening connections with the Aboriginal and Torres Strait Islander communities. A summary of these success stories can be read in Appendix 1.

The *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022* is guided by a range of strategic documents including the Metro North Strategic Plan 2016-2020, Putting People First Strategy, Metro North Health Service Strategy, MN32 #Nextcare, Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033, Aboriginal and Torres Strait Islander Strategic Framework 2016 – 2026 and Close the Gap Council of Australian Governments (COAG) Health Targets and National Safety and Quality Standards: Improve care of Aboriginal and Torres Strait Islander people.

The *Metro North Hospital and Health Service Better Together Aboriginal and/or Torres Strait Islander Health Plan 2019-2022* focuses on four priority areas:



LEADERSHIP, GOVERNANCE AND WORKFORCE - strengthening a culturally capable workforce where Aboriginal and/or Torres Strait Islander employees are supported and valued for their contribution.



ENGAGEMENT AND PARTNERSHIPS - understanding the health needs of Aboriginal and Torres Strait Islander people through engagement of the local services, clinicians, consumers and other stakeholders and using national, state and local data analysis.



TRANSPARENCY, REPORTING AND ACCOUNTABILITY - enhancing visibility of outcomes to close the gap and recognising the contributions and roles of the person, the service, the health sector, and other social sectors.



CULTURALLY RESPONSIVE, SAFE AND CONNECTED CARE – providing integrated, culturally appropriate care that empowers people to achieve their health goals, improve their experience, and close the gap in health outcomes. This includes four target clinical service delivery areas:

- (a) a strong start to life;
- (b) reducing the burden of disease;
- (c) crisis and complex care; and
- (d) living well and living longer.

“Our *Better Together* Plan provides a clear framework to achieve improved health outcomes for our Aboriginal and Torres Strait Islander people and ensuring our services are culturally respectful and responsive to their needs.”

Paul Drahm
Acting Director, Aboriginal and Torres Strait Islander Health Unit
Metro North Hospital and Health Service



Over the next three years Metro North HHS will advance leadership and engage with our partners in care to provide culturally responsive, safe and connected care to all Aboriginal and/or Torres Strait Islander people.

This section provides the actions to deliver on the four priority areas. Each priority contains objectives and measures of success, when implemented, suggest the outcome of change. The baseline and targets for all measures will be developed during implementation phase.



Members from the COH Executive and RAP Committee pictured outside the Cherbourg Ration Shed with Uncle Marshall Saunders and Uncle Robert West.



PRIORITY AREA 1: LEADERSHIP, GOVERNANCE AND WORKFORCE

Providing leadership to strengthen and empower all staff to be culturally capable and ensuring Aboriginal and/or Torres Strait Islander employees are supported and valued for their contribution to deliver culturally safe care

OUR KEY OBJECTIVES

- Embed Metro North HHS Values in Action to build awareness and understanding of the importance of diversity and inclusion of Aboriginal and/or Torres Strait Islander cultures across work practices, communication and interactions amongst staff.
- Support all employees to deliver culturally sensitive care by mandating cultural capability training to improve the experience of care and keep Aboriginal and/or Torres Strait Islander people connected to services.
- Provide opportunities to embed Aboriginal and/or Torres Strait Islander representation in Metro North HHS leadership, governance and clinical streams.

- Establish professional governance, career pathway and professional development opportunities to sustain a competent, connected and capable Indigenous health workforce.
- Strengthen staff peer support and networking opportunities within the workplace to enhance cultural connectedness for Aboriginal and/or Torres Strait Islander staff.
- Establish Aboriginal and Torres Strait Islander workforce development, employment and retention strategies across the HHS.

OUR KEY ACTIONS

- Develop Metro North HHS Indigenous workforce development, employment and retention initiatives aligned to Metro North HHS workforce strategies and priorities.
- Offer diverse Indigenous traineeship and mentoring opportunities through recruitment initiatives to support priority areas in both clinical and non-clinical roles.
- Further develop MNHHS cultural capability training program to be a nationally accredited course linked to professional development across health and social sectors.
- Engage MNHHS Indigenous staff to become involved in initiatives including staff yarns, deadly awards, ambassadors to support mentorship and collaborative opportunities.
- Pilot a new governance body that supports clinicians to review and evaluate how the current or proposed models of care support cultural diversity.
- Develop targeted campaigns for staff to complete or update their diversity data as part of the Queensland Health streamline campaign.



Kaylah Mosby, Berniece Bowie and Rebecca Naawi-Anderson are signed up for the Deadly Start Program. The students are getting a head start on their nursing, allied health or dental careers while maintaining their school commitments.

- Educate staff to ask consumers if they identify as Aboriginal and/or Torres Strait Islander utilising a system wide policy and procedure alongside the patient Identification program.
- Develop a MNHHS Statement of Commitment to Reconciliation supported by localised Reconciliation Action Plans (RAPs) across each facility and directorate.
- 25 per cent increase of staff completing their diversity profile on streamline.
- All hospital and directorates having Reconciliation Action Plans across Metro North HHS.
- Identified Aboriginal and/or Torres Strait Islander clinical and non-clinical Staff Yarns Ambassadors across the HHS.

MEASUREMENTS OF SUCCESS

- Increased number of Aboriginal and/or Torres Strait Islander staff employed from 1.2 per cent to 3 per cent.
- Completion of workforce initiatives demonstrating improved outcomes for existing and new Aboriginal and/or Torres Strait Islander staff.
- 80 per cent of school-based Aboriginal and Torres Strait Islander trainees completing the Deadly Start school-based traineeship program.
- Increased number of staff attending cultural capability training either online or face to face.
- 30 per cent of Aboriginal and/or Torres Strait Islander employees registering for Staff Yarns.

“Our vision for reconciliation is for a health care system that embraces unity between Aboriginal and Torres Strait Islander peoples and other Australians by valuing the culture, experiences and rights of Aboriginal and Torres Strait Islander people, via the delivery of services in culturally appropriate and culturally safe ways, the representation of equality and equity, historical acceptance of our shared history and promotion of positive race relations.”

RAP Co-Chairs, A/Director Aboriginal and Torres Strait Islander Health Unit, **Paul Drahm** and Allied Health Director Community and Oral Health, **Jo Walters**.



PRIORITY AREA 2: ENGAGEMENT AND PARTNERSHIPS

Understanding the health needs of Aboriginal and/or Torres Strait Islander people through engagement between the local services, clinicians, consumers and other stakeholders.

OUR KEY OBJECTIVES

- Embed Aboriginal and Torres Strait Islander community engagement protocols and guidelines within Metro North HHS.
- Improve local engagement and partnerships between Metro North HHS and Aboriginal and Torres Strait Islander people, consumers, communities and organisations.
- Link social determinants factors and burden of disease to identify priority areas for action to increase local capacity to address gaps in outcomes.
- Advance and advocate for information sharing across service boundaries to enable care coordination and shared decision making.
- Establish pathways to collaborate with internal and/or external organisations to undertake translational research projects across Metro North HHS services.
- Expand existing and develop new Aboriginal and Torres Strait Islander communication strategies.



Aunty Brenda Kanofski pictured in purple with left to right Uncle Terry Williams, Director Paul Drahm, MNHHS Deputy Board Chair Dr Kim Forrester, Board Member Bonnie Barry, Aunty Minnie Mace and Uncle George Wano.

“After spending so long in hospital, my mental health really suffered. Seeing the Indigenous Hospital Liaison staff at my bedside really brightened my day.”

Aunty Brenda Kanofski

OUR KEY ACTIONS

- Establish a new Statement of Intent between the Brisbane North PHN and Institute for Urban Indigenous Health with Metro North HHS including key priority areas for partnership.
- Develop a Metro North HHS Indigenous Communication and Engagement Protocol Guide with specific strategies to support effective, culturally appropriate communication to actively engage Indigenous communities, consumers and services across the healthcare experience.
- Develop and implement an Indigenous Health Yarning Hub webpage internally and externally to support staff, health consumers and community feedback and increase levels of health literacy.
- Develop a cultural events calendar to increase awareness of Aboriginal and/or Torres Strait Islander days of significance and support localised events.
- Progress partnerships with community-controlled organisations and other stakeholders in line with the agreed clinical focus areas.
- Create Aboriginal and Torres Strait Islander health promotion campaigns incorporating multiple platforms and mediums.



Aunty Phyllis Yunkaporta and Aunty Sandra Bowenda from Aurukun pictured with Cultural Capability Officer Horace Nona at the ‘Closing the Gap’ session at the 27th Annual RBWH Healthcare Symposium.

MEASUREMENTS OF SUCCESS

- Number of formal partnerships established as a result of the Statement of Intent.
- Increased number of Metro North HHS community and consumer engagement activities.
- Increased number of health consumer stories and experiences shared on media platforms.
- Number and circulation of Talk-About newsletter across Metro North HHS and community organisations.
- Number of site visits to the Indigenous Health Yarning Hub web portal.
- Aboriginal and Torres Strait Islander significant calendar of events celebrated across all facilities with increased engagement amongst staff and community members.
- Number of models of care and services that have been co-designed with Aboriginal and/or Torres Strait Islander consumers and stakeholders to ensure cultural appropriateness.
- Increased proportion of cultural consumer experience feedback leading to an initiation of service improvement activities to enhance care.



PRIORITY AREA 3: TRANSPARENCY, REPORTING AND ACCOUNTABILITY

Enhancing visibility of outcomes to close the gap and recognising the contributions and roles of the person, the service, the health sector, and other social sectors.

OUR KEY OBJECTIVES

- Increase visibility of outcomes for progressing value-based healthcare delivery and performance for closing the gap in priority health outcomes.
- Create governance structures to support the implementation, reporting and accountability of the *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019 -2022*.
- Develop information systems to enhance best practice informing local service design, delivery and quality improvements that are monitored and measured.
- Using data to allocate funding appropriately to key priority areas.

OUR KEY ACTIONS

- Establish Metro North HHS Aboriginal and Torres Strait Islander Health oversight committee and local governance structures at clinical directorate and hospital facility level to provide leadership, advice and direction outlined within the *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019 -2022*.
- Implement Aboriginal and Torres Strait Islander reporting dashboards to effectively monitor Metro North HHS key performance indicators against the National Close the Gap Framework and *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019 -2022*.
- Develop population health needs assessment to identify clinical priority areas and measures.
- Enhance the Metro North HHS Indigenous Patient Identification campaign by expanding resources, health promotion campaigns and empowering staff ambassadors to support the campaign.
- Develop the National Safety and Quality Health Standards (NSQHS) Indigenous health action plans and support facility implementation through increased service engagement.



“A health service that is integrated with other organisations ensures a healthier and brighter community.”

Uncle Alan Parsons, respected community Elder and disability advocate.



Uncle Alan Parsons (bottom right) at the Elder gathering for the Ngarrama Consultation.

MEASUREMENTS OF SUCCESS

- Measurements of National Close the Gap indicators that relate to actions in this Plan.
- Increased proportion of patients identifying as Aboriginal and/or Torres Strait Islander origin.
- Completed status of the Cultural Audits recommendations and measures for each Metro North HHS facility.
- Completion of the Indigenous health reporting targets against all NSQHS standards as per Metro North HHS Safety and Quality Action plans.

“It’s important for us as clinicians and healthcare professionals to cater to the needs of Aboriginal and Torres Strait Islander patients. We’re here to provide the best medical service to close that gap further and further so that everyone is equal in terms of healthcare here in Australia.”

Hugo Ribeiro
Physiotherapist
The Prince Charles Hospital





PRIORITY AREA 4: CULTURALLY RESPONSIVE, SAFE AND CONNECTED CARE

Provide integrated, culturally appropriate care that empowers people to achieve their health goals, improve their experiences, and closes the gap in health outcomes.

OUR KEY OBJECTIVES

- Identify clinical priority actions across the life span inclusive of; strong start to life, reducing the burden of disease, crisis and complex care and living well and living longer.
- Implement initiatives co-designed with Indigenous people to promote advocacy and respect across the patient journey and to reduce the legacy impact of intergenerational trauma and racism.
- Establish Indigenous nurse and navigation roles to facilitate an integrated, seamless transition across the patient journey that consider the specific cultural needs of Aboriginal and Torres Strait Islander people.
- Develop a “staying connected” approach focused on reducing Discharge Against Medical Advice (DAMA) and Failure to Attend (FTA) by using shared learnings in the development of new and revised models of care across Metro North HHS.
- Develop and implement specific Aboriginal and/or Torres Strait Islander clinical care guidelines by gender, age and clinical presentation, including evidence based early screening, diagnosis and effective communication that supports culturally safe delivery of care.
- Support healing, wellness and cultural connectiveness across the lifespan by focusing on health promotion strategies along with partnering with community organisations to enhance wellness within the wider community.





Ngarrama Maternity client Evelyn Broome pictured with midwives from the service at the Royal Brisbane and Women's Hospital



4.1 CLINICAL FOCUS AREA: STRONG START TO LIFE

Focus on a strong start to life for all Indigenous Australians who live and use Metro North HHS services by working with families to co-design services that improve continuity of care models, supporting timely interventions for Indigenous women, babies and children that reinforces cultural knowledge and pride.

OUR KEY ACTIONS

- Strengthen the Ngarrama model of care delivery by partnering with the community, enhancing cultural governance and developing targeted strengths-based strategies meeting the needs of Indigenous women and their families.
- Improve access to early antenatal care focusing on prevention, early identification and targeted support for reducing risk factors during pregnancy.
- Support families to access community-based pregnancy and parenting programs and initiatives to strengthen family, cultural knowledge and community connections.
- Address the social and emotional issues impacting families by providing increased multidisciplinary social support services during pregnancy and post-partum period.

- Develop and implement an Indigenous specific maternal and child clinical care pathway that ensures evidence-based delivery of care.
- Enable formal clinical handovers and information sharing for women and their children across all service providers to ensure appropriate referral and follow up.

MEASUREMENTS OF SUCCESS

- Increased utilisation of community-based midwifery clinics.
- Reduced Failure to Attend (FTA) rates for outpatient appointments.
- Increase percentage of Aboriginal and/or Torres Strait Islander women who have antenatal care in the first trimester from 57 to 70 per cent.

- Improved pregnancy and birthing outcomes in line with non-Indigenous rates.
- Increased smoking cessation rates before and after 20 weeks of pregnancy.
- Increased number of referrals engaging in family support programmes.
- Increased number of women that breastfeed beyond six weeks.

“Ngarrama is a deadly community-based service – I can see the dedication and support for the community. The trust and sensitivity is seen in the community and we thank you.”

Caboolture Elder



“Visiting RBWH has become a routine for me and we are all like family. The nursing staff are good here. We have a good laugh and joke each time.”

Robert Jacobs
RBWH patient

Clinical Nurse Brett Cooper and registered nurse Neetu Thakkar at the Renal Department at RBWH with patient Robert Jacobs.



4.2 CLINICAL FOCUS AREA: REDUCING BURDEN OF DISEASE

Improve the diagnosis, management and care of diseases/and or illnesses that are the leading contributors to the health gap experienced by Indigenous Australians by enhanced service delivery which is holistic, integrated and safe.

OUR KEY ACTIONS

- Develop early screening delivery initiatives in partnership with community organisations to increase screening rates for preventable cancers and/or diseases.
- Improve access and coordination of care for management of diseases and/or cancers by seamless integration of services within Metro North HHS and community service stakeholders.
- Improve quality sharing of information on referral and discharge that supports seamless continuity of care.

- Embed Indigenous nursing navigation roles to facilitate an integrated and supported transition across the patient journey.
- Develop and implement an Aboriginal and Torres Strait Islander clinical care pathway to improve rates of screening, diagnosis and management.

MEASUREMENTS OF SUCCESS

- Reduced proportion of potentially preventable hospitalisations.
- Reduction of ‘not stated’ status on HBCIS patient healthcare software system.

- Increased uptake of early screening assessments offered within Metro North HHS.
- Number of patients who engage in a smooth transition from Metro North HHS to usual primary care provider, including community control options, GP or non-government organisations.
- Increased number of patient experience surveys reporting a positive episode of care that met their needs both clinically and culturally.
- Increased number of consumers and services engaging in campaigns aimed at promoting healthy lifestyle choices and change.



4.3 CLINICAL FOCUS AREA: CRISIS AND COMPLEX CARE

Increasing access to culturally sensitive and high-quality services that consider the social determinants of health and how this can impact on the health of Indigenous Australians by providing services that are responsive, timely and delivers care that supports their cultural needs.

OUR KEY ACTIONS

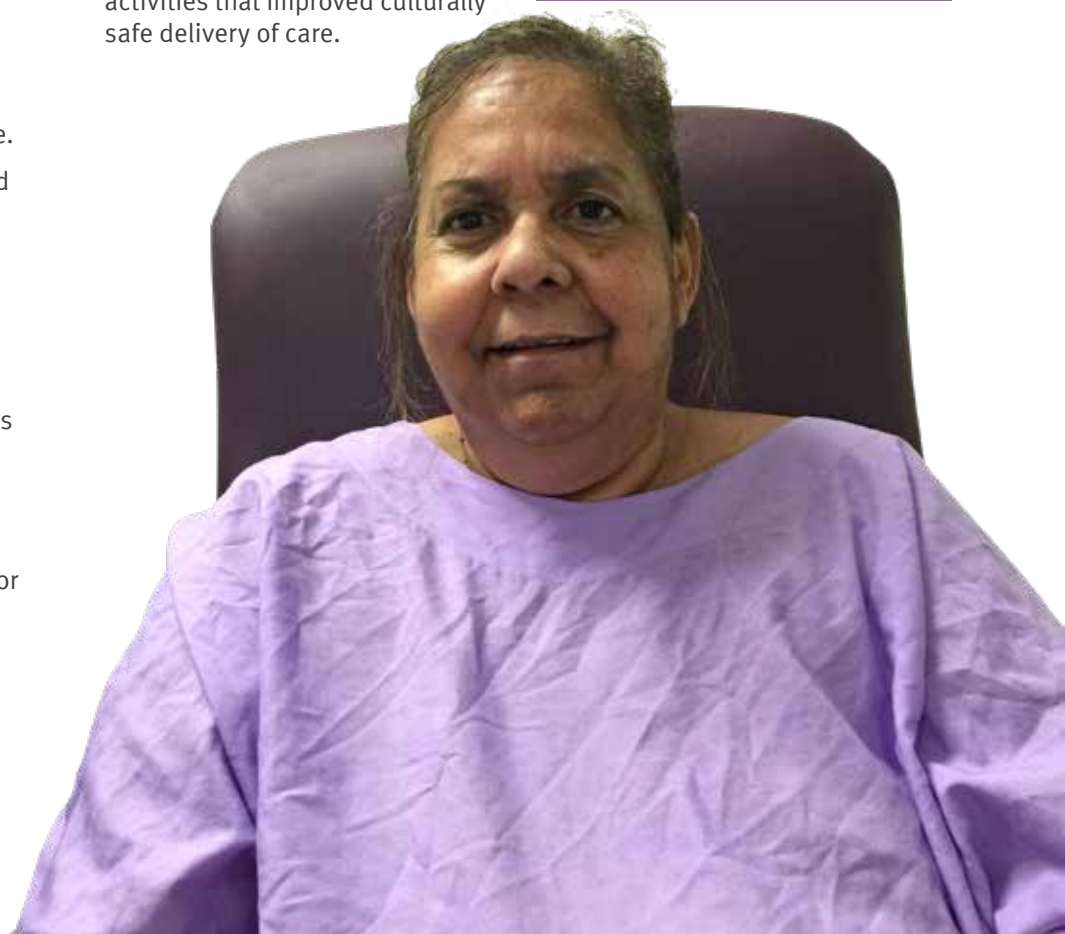
- Increase access for cultural support and advocacy within the Emergency Department.
- Identify and implement pathways to healing through cultural activities and connection to country by supporting the Aboriginal and/or Torres Strait Islander holistic view of health.
- Strengthen cultural support and assistance with local communities and those that do not live in Metro North HHS but require care here.
- Develop and implement a Metro North HHS Indigenous care pathway for crisis and trauma care.
- Implement specific cultural communication tools to improve clinical and patient communication that supports informed decision making and improved understanding of care.
- Strengthen staff confidence and competence to identify, screen, assess and manage suicide risk through culturally specific education and training.
- Develop effective partnerships with key government and community service stakeholders in the justice, health, mental health, forensic mental health and victim services sectors to provide early, coordinated social and emotional services for consumers and families.

MEASUREMENTS OF SUCCESS

- Proportion of consumer and client experience survey results reporting understanding and knowledge of health information and care.
- Reduction in the proportion of Discharge Against Medical Advice (DAMA), Failure to Attend (FTA) and Did Not Wait (DNW) presentations.
- Increase the number of Aboriginal and/or Torres Strait Islander communities and service partnerships participating in service planning, service redesign/design and evaluation.
- Increased patient satisfaction through participation in cultural activities that improved culturally safe delivery of care.

“I arrived at TPCH feeling scared and bewildered about what was happening to me. It made me feel better to have ‘our mob’ around, working hard and strong for us is something I don’t take lightly, but I feel stronger knowing our mob is in positions like this to connect, contact, advocate and yarn plus we are still able to have a laugh.”

Carol Ross
TPCH patient





4.4 CLINICAL FOCUS AREA: LIVING WELL AND LIVING LONGER

To support strengths based, community-led approaches that build strength and resilience to support all Indigenous Australians to live well and live longer by receiving care closer to home.

OUR KEY ACTIONS

- Enhance wellbeing programs in partnership with mental health services to integrate clinical, mental health and social and emotional wellbeing programs.
- Partner with Brisbane North PHN to develop and trial initiatives that support Aboriginal and/or Torres Strait Islander older persons.
- Develop culturally appropriate care guidelines for people facing end of life that are accessing palliative care services.
- Partner with Indigenous community providers to bring care closer to home.
- Embed Indigenous nurse navigation roles within a referral, assessment and navigation service model that considers the specific cultural needs of Aboriginal and/or Torres Strait Islander people.

MEASUREMENTS OF SUCCESS

- Increased number of joint initiatives with the Brisbane North PHN promoting wellness in the older persons.
- Increased number of communication campaigns and community events across Metro North HHS for healthy choices and promoting living well and living longer.
- Increased number of partnerships with external services offering continuity of care from hospital to community.

Don Williams pictured with Indigenous Hospital Liaison Staff, with a painting he donated to TPCH in recognition of his health care journey and to welcome other Aboriginal and or Torres Strait Islander consumers to the hospital.



“There’s no shame in being proud of whom you are. Being Indigenous doesn’t make you any different to the person standing next to you. You will get the same medical support and health checks. My journey has been respectful and comfortable.”

Don Williams, patient

PART C: IMPLEMENTATION, MONITORING AND REVIEW

The *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022* will be overseen by the Metro North HHS Aboriginal and Torres Strait Islander Health Oversight Committee.

The Committee functions under the authority of the Metro North HHS Executive Director Operations and will provide strategic and operational advice and recommendations as required. The purpose of the committee will be to:

- provide strategic leadership, advice and recommendations with regards to MNHHS commitment towards closing the gap in Indigenous health outcomes
- monitor, progress and report on the implementation of the *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022*.
- support Metro North strategic Values in Action goals as it relates to Aboriginal and/or Torres Strait Islander peoples
- identify and develop key partnerships and relationships with appropriate stakeholders.

The group membership* is:

- | | | |
|--|---|--|
| • Executive Director Operations | • Executive Director Cancer Care | • Senior Executive Officer Operations |
| • Chief Executive Metro North HHS | • Executive Director Nursing and Midwifery Services | • MNHHS Aboriginal and Torres Strait Islander staff representative |
| • Director Aboriginal and Torres Strait Islander Health Unit | • Executive Director Allied Health | • Aboriginal and Torres Strait Islander community representative |
| • Executive Director Royal Brisbane and Women's Hospital | • Executive Director Medical Services | • Aboriginal and Torres Strait Islander Hospital Liaison Officer |
| • Executive Director Redcliffe Hospital | • Executive Director Health Service Strategy and Planning | • Institute for Urban Indigenous Health Representative |
| • Executive Director Caboolture and Kilcoy Hospitals | • Executive Director Research | |
| • Executive Director Community and Oral Health | • Executive Director Organisational Development | |
| • Executive Director Clinical Support Services | • General Manager Surgical, Treatment and Rehabilitation Services (STARS) | |
| • Executive Director Mental Health | | |

DIRECTORATE RESPONSIBILITIES

The Committee will be supported by localised Aboriginal and Torres Strait Islander Health governance structures within the Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture and Kilcoy Hospitals and clinical directorate levels of Community and Oral Health and Mental Health. These localised committees have responsibility for overseeing the Close the Gap agenda, Reconciliation Action Plans and the National Safety and Quality Standards.

The Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) within Metro North HHS are responsible for implementing and supporting activities and actions within the *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022*, that are aimed towards closing the gap in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and the non-Indigenous population. The A&TSIHU provides strategic leadership, direction, guidance and advice in relation to Aboriginal and Torres Strait Islander health priorities and strategies across Metro North HHS.

REVIEW AND REPORTING

Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022 will be reviewed annually.

The Metro North Executive and Board will monitor progress and make recommendations in collaboration with consumers and community stakeholders.

*Membership subject to change.

APPENDIX 1: STORIES OF OUR SUCCESS

CABOOLTURE CULTURE GROUP

Dr Mosh Shittu from Caboolture Hospital Emergency Department has established a Cultural Group to improve Indigenous health within the local community.

The group has set up a regular community BBQ for Indigenous elders and key stakeholders from the Caboolture Aboriginal and Torres Strait Islander community to attend and engage with Dr Mosh and his team.

Dr Mosh believes for the hospital to successfully treat Indigenous patients, it must firstly understand their culture and then in turn, share each other's culture which creates better harmony.



Members of the Caboolture Hospital Cultural Group Indigenous nurse Megan Sinclair, Caboolture / Kilcoy Nursing Director Nerys Brackman and Emergency Department Senior Medical Officer Dr Mosh Shittu.



L-R: Henry Nona, Selena Woods, Uncle Alex Davidson, Carl Simpson, Christina Ross, Aleacha Hopkins and Aunty Maroochy Barambah.

LIGHTHOUSE PROJECT

A new garden at The Prince Charles Hospital (TPCH) will provide a calm healing space for patients and families. The Healing Garden includes Indigenous totem poles, a yarning circle, edible plants and wall mural created by a local Aboriginal artist.

The healing garden has been funded by The Lighthouse Project, a joint initiative of the Heart Foundation and the Australian Healthcare and Hospitals Associations, aimed at reducing the incidence and impact of discharge against medical advice for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome.

TPCH is one of 18 hospitals nationwide funded to be part of the Lighthouse Hospital Project.

A DEADLY START FOR HEALTH

Metro North Hospital and Health Service have teamed up to boost the number of young Aboriginal and Torres Strait Islander students taking up careers in health.

Minister for Health and Minister for Ambulance Services Steven Miles and Minister for Education Grace Grace launched the Deadly Start Education2Employment program at the Royal Brisbane and Women's Hospital (RBWH) Education Centre in late 2018.



"We know that access to education, employment and healthcare can help determine quality of life and life expectancy of Aboriginal and Torres Strait Islanders and this program will help to address that," Minister for Education Grace Grace said.

The first intake of nearly 30 students are getting a head start on their nursing, allied health or dental careers, while maintaining their senior school commitments. Students will work one day per week (total 375 hours) to attain a Certificate III, as well as gain valuable hands on experience.

Pictured above: Health Minister Steven Miles, Education Minister Grace Grace and Deadly Start students.



TPCH Physiotherapist, Carl Francia.

FIRST NATION LEADER WORKING AT THE PRINCE CHARLES HOSPITAL

As a proud Torres Strait Islander man, Carl Francia stood on the podium to receive his degree from the School of Health and Rehabilitation Sciences at the University of Queensland, after studying physiotherapy for four years as well as one year of nursing.

It was a noble moment for Carl and his sister Victoria who also graduated the same day. Carl's determination to succeed also saw him bestowed the honour of being Valedictorian for the graduation Ceremony.

Carl has now joined Metro North HHS to develop and refine his clinical skill and is thoroughly enjoying the great environment and team at The Prince Charles Hospital. He has also put his hand up as a Mentor with the Deadly Start program and for the Reconciliation Action Plan committee.

COMMUNITY AND ORAL HEALTH RECONCILIATION ACTION PLAN

The launch of the 'Community, Indigenous and Subacute Services Innovate Reconciliation Action Plan May 2018 – May 2020' was held in 2018 as part of National Reconciliation Week (27 May – 3 June) celebrations.

The plan provides a framework for building stronger and more respectful relationships with Aboriginal and Torres Strait Islander peoples and communities to progress reconciliation in Australia, both within the workplace and the community that we serve.



Members of the Community and Oral Health Reconciliation Action Plan with Community Elders Uncle George Wano and Aunty Brenda Kanofski at the launch of the plan.

The "Innovate" RAP has made some positive gains already, including forming relationships with Aboriginal and Torres Strait Islander Traditional Owners, Elders and community groups, increased supplier diversity for Indigenous owned businesses and improved cultural capacity of staff delivering care to the Indigenous community.



Zierra, Bridie-Lee, Maiya and Amira enjoy the festivities.

METRO NORTH NAIDOC WEEK CABOOLTURE FAMILY FUN DAY

The annual gathering is held at St Columban's College Caboolture as a celebration of culture and connecting with community.

The event is fast becoming the biggest NAIDOC Week celebration on the north side of Brisbane, with thousands of people participating and various health stallholders attending.

A 'Conversations with Metro North' workshop is also held allowing community members to provide direct feedback about their healthcare journey and inform service improvements.

INDIGENOUS STAFF NETWORK PROVIDES CULTURAL CONNECTIVITY IN WORKPLACE

A new online network is providing a cultural connection for Aboriginal and Torres Strait Islander staff across Metro North.

The network, called Metro North Staff Yarns, aims to bring Aboriginal and Torres Strait Islander together through an online portal.

With over 200 identified staff working across Metro North, Staff Yarns provides an opportunity for Indigenous staff to connect and collaborate on ways to improve services for Aboriginal and Torres Strait Islander people.

The network is supported with ambassadors, including Advanced Indigenous Mental Health Worker Kim Walker who hopes to raise awareness of mental health for our consumers and the community to enhance the skills and knowledge of colleagues and in turn dispel the associated stigma.



MN Staff Yarns Ambassador Kim Walker



Baby Teddy pictured with the new Red Health Book. Teddy's mum, Nicole Moller, is a proud descendant of the Bundjalung people in northern New South Wales.

ARTWORK ON CHILD HEALTH RED BOOK TO SUPPORT ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

The Personal Health Record (red book) for newborns has a unique cover that supports identifying Aboriginal and/or Torres Strait Islander children to prompt healthcare providers to offer enhanced screening, additional immunisations and referral pathways within the community.

The new cover, design by artist Ronald Abala (Wulukantha – little spirit man), is being trialled by Metro North Ngarrama maternity programs to support access to support culturally and clinically responsive care for families.

IDENTIFICATION: IT'S YOUR RIGHT TO A HEALTHIER LIFE

The Accurate Indigenous Identification campaign is designed to highlight the importance of Aboriginal and Torres Strait Islander patients to identify when accessing Metro North Hospital and Health Service hospitals and facilities.

It allows the patients direct access to culturally appropriate care, additional screening and links to patient advocacy services.

Luke Meeking became involved as a staff ambassador of the campaign to promote the importance of asking our clients here at the hospital the question about whether they are Aboriginal and or Torres Strait Islander and therefore provide those important services to them.

“Now that I have my shirt and am involved in the campaign, I’m going to start lots of conversations with colleagues about asking our clients whether they are Indigenous and therefore being able to provide the appropriate services to them.”



Royal Brisbane and Women's Hospital Radiographer, Luke Meeking



GLOSSARY

Definition of Aboriginal or Torres Strait Islander person

According to s51 (25) of the High Court of Australia (1983): 'An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander (person) and is accepted as such by the community in which he or she lives.'

Aboriginal and Torres Strait Islander

The collective names used to describe Aboriginal and Torres Strait Islander people are commonly used in reference to the distinct and diverse nations and peoples of the First Australians. The term 'Aboriginal' is not inclusive of Torres Strait Islander people as the term 'Torres Strait Islander' is not inclusive of Aboriginal people.

Indigenous

Is a term used to describe both Aboriginal and Torres Strait Islander people.

Patient

A person who is accessing health services. The term "patient" can be interchanged with "client", "consumer" or "resident" depending upon the context.

Community

Groups of people with diverse characteristics who are connected through common location, attitudes, cultures and languages, ethnicities or interests. Individuals can be members of multiple communities at once. It describes the population of the area serviced by an organisation, a cultural group or a group of people who all experience a particular health condition.

Consumer Feedback

Gives us insights into the patient experience. It includes our processes for managing and responding to complaints, compliments and suggestions in a timely, sensitive and effective manner and for improving services.

Culture

The customary beliefs, social forms, and material traits of a racial, religious, or social group.

Patient Experience

information from a patient on their healthcare experience. We seek to understand how patients experienced the healthcare that they accessed and identifies what we are doing well that we need to continue as well as what we need to stop doing and what we could do better. Patient experience measures can be quantitative (using scoring methodology) and qualitative (descriptions of experience). Both are equally valuable for service improvements.

