

A guide for improving the identification of Aboriginal and Torres Strait Islander people in health care

Purpose

The purpose of this guide is to support and inform Hospital and Health Services (HHS) to:

- understand the barriers and enablers to accurate identification Aboriginal and Torres Strait Islander people in health care
- improve identification in hospital, primary health care and other data sets and patient records
- meet the requirements under the Australian Institute of Health and Welfare's (AIHW) [National best practice guidelines for collecting Indigenous status in health data sets](#).

Importance of data accuracy

When HHS staff know that a patient, client or consumer identifies as being of Aboriginal and / or Torres Strait Islander origin, they can ensure the care and services they provide are both clinically and culturally responsive. This may include:

- referrals to internal services (e.g. Aboriginal and Torres Strait Islander hospital liaison services or health worker)
- additional immunisations
- recommended screening and health checks (e.g. at a younger age)
- person-centred health care that is culturally capable, safe and responsive
- referrals and linkages to external services specifically for Aboriginal and Torres Strait Islander people (including community support organisations and medical services located in the local community).

Improved data accuracy also enables:

- improved monitoring and evaluation of Aboriginal and Torres Strait Islander health outcomes, services, programs and funding
- improved future health outcomes through service planning and targeted investment.

Use of the word 'Indigenous' in health data sets and in this guide

In Australian national standards for health data, the word 'Indigenous' refers inclusively to Australia's Aboriginal and Torres Strait Islander people. The data item collected is 'Indigenous status'. The following definition is quoted from the Queensland Health Data Dictionary: "Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin."

The standard Indigenous status question is: "Are you [is the person] of Aboriginal or Torres Strait Islander origin?"

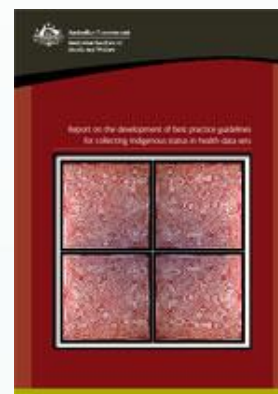
PDSA quality cycle

Improving the accuracy of Aboriginal and Torres Strait Islander patient identification is well suited to the Plan-Do-Study-Act (PDSA) quality cycle. This may be approached through a dedicated project or initiative, or as continuous quality improvement functions that can be applied across HHS, or at facility, program or service levels. It is strongly recommended that the project or initiative:

- is supported by an executive sponsor
- includes a multi-disciplinary steering / reference group with membership consisting of representatives from executive, health information management, frontline administration, clinicians, Aboriginal and Torres Strait Islander staff and consumers.

At all phases of the continuous quality PDSA cycle you can ask the three questions.

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvements?



1. Plan

Have an open objective mind, and do not make assumptions. Take the time to research, investigate, identify and understand the full picture of the barriers and enablers to accurate identification of Aboriginal and Torres Strait Islander people. Planning will involve researching, collecting information, identifying and assessing the following:

- the current level of accuracy of identification by program, service and location
- the current systems (electronic and paper) and processes used for recording, reporting, following up and communicating to clinicians
- local policies and instructions
- previous and current related projects and their effectiveness
- factors which contribute to and enable accurate identification and why
- barriers to accurate identification and why
- how these data are used or can be used to improve culturally capable care.

The following barriers to identification were identified through literature research and projects across Queensland.

<i>Identified barrier</i>	<i>Reasons provided</i>
Lack of confidence (staff)	Possibility of adverse reactions / response to question / fear / lack of confidence / feel uncomfortable asking the question
Lack of understanding (staff)	Don't understand the necessity / seems unnecessary when clients appear to be Caucasian / lack of understanding that the patient chooses to identify or not regardless of physical appearance / assume they know the answer
Lack of cultural competence (staff)	Lack of familiarity with local Indigenous communities / lack of training
Lack of skills (staff)	Lack of training, or training does not cover all aspects needed
Clinicians don't record	Lack of clarity of who is responsible e.g. in administrative staff downtime / lack of policy, procedure and / or training
Staff in habit of not asking	Culture of not asking / already 'knew the answer' / workloads and time constraints
People not wanting to identify as being of Aboriginal or Torres Strait Islander origin	Past experiences, lack of confidence or not feeling safe
Lack of cultural safety (e.g. 'stigma'); to deliberately not identify or to not answer	Local factors associated with Indigenous identity / inappropriate manner of asking the question / previous negative experience, history / fear of discrimination or lack of confidentiality
Patients wanting to be identified (falsely)	For health care benefits (Papua New Guinea Nationals in the Torres Strait)
Language and literacy	Language barriers (verbal and non-verbal), especially when English is not the first language / poor literacy
Poor registration forms	Not user-friendly and frequently not completed / variety of forms (some old)
Other administrative systems	After hours, reception bypassed, clinical error / different patient data systems / information not passed on / multiple entry points / processes for recording Indigenous status with systems often not connected
HBCIS system	Does not require update – once answered
Patients do not attend appointments	Previous disappointment with health care or access to health care / waiting times / too ashamed to discuss health issues with anyone / not understanding the seriousness of their health issues / no privacy / no interpreters / transport costs and difficulties (e.g. travel long distances or by dinghy) / hospitals associated with death

Local information can be collected by:

- observations – of physical environments, processes, staff behaviours and interactions (refer to Observation Checklist)
- consultations and interviews – with stakeholders (refer to Consultation and interview Checklist)
- audits of current methods of information gathering and recording (review of forms and electronic systems; relevant training programs; compliance in 'asking the question'; audit to compare recorded identification status against patient interviews)
- mapping of information flow, from point of information gathering and recording (forms, electronic databases) at every point of entry to the health care system through to discharge
- AIHW provides data quality studies every few years
- local data is available on the Queensland Health intranet (QHEPS). The Health Statistics Centre publishes annually and reports on the Queensland Health Performance Indicators in Aboriginal and Torres Strait Islander Health (note that synthetic estimates and 'not stated' data are both valuable).

Analyse the barriers and enablers. Determine the common causes of error, and the enablers for accurate identification. Develop a plan to address the causes and retain / strengthen the enablers for accurate identification. Against each agreed action, plan for where (e.g. admissions desk), who (is responsible), performance measure (what result you expect for the action) and when.

The following factors have been identified as positively contributing to accurate identification and recording of Indigenous status through literature review and projects across Queensland.

<i>Strategy</i>	<i>Action</i>
Systems	<ul style="list-style-type: none"> • clear systems and organisational structures for ascertaining Indigenous status • improvement of HBCIS training and almanac • asking of each patient's Indigenous status strictly in accord with the national standards • clear roles and responsibilities of staff, including after hours • registration and other forms that are clear, easy to use • assistance for language or literacy barriers • accurate coding
Environments	<ul style="list-style-type: none"> • welcoming staff and volunteers • cultural safety and demonstrated support for Aboriginal and Torres Strait Islander people including flags; artwork; posters • patient confidentiality in providing personal information • patient information e.g. posters and brochures readily available • staff wearing uniforms, lanyards or badges featuring Aboriginal and Torres Strait Islander artwork
Cultural safety	<ul style="list-style-type: none"> • strong relationships between health service executives and local Aboriginal and Torres Strait Islander communities, Elders and organisations • employment of Aboriginal and Torres Strait Islander hospital liaison officers
Training staff	<ul style="list-style-type: none"> • cultural capability training for all staff • targeted, consistent and reinforced training of new and existing staff on overall data quality, including Indigenous identification • staff familiarity with local Aboriginal and Torres Strait Islander communities • well-trained interviewers, including in data collection task, awareness of importance of accuracy, and guidance about dealing with patients who are reluctant to answer
Promotion to staff	<ul style="list-style-type: none"> • screensavers • posters and brochures • e-mail broadcasts, alerts and reminders • other e.g. mouse pads, badges
Promotion in community	<ul style="list-style-type: none"> • brochures, posters in Aboriginal and Torres Strait Islander organisations and events • radio announcements • community visits and meetings with Elders • engaging the community and hosting an event e.g. launch / flag raising ceremony
Quality improvement	<ul style="list-style-type: none"> • regular quality processes including audits and reviews • reinforcement by hospital's administrators
Culture and leadership	<ul style="list-style-type: none"> • culture that encourages follow-up of missing information • reinforcement by hospital's administrators • hospitals taking responsibility for in-house training

2. Do

Implement the action plan and try out the proposed improvements.

Systems improvements may include the following examples:

- review and improvement of all patient registration forms
- review of HBCIS (Hospital Based Corporate Information System) almanac (handbook)
- visual flagging system to advise medical and nursing staff that the patient is of Aboriginal and / or Torres Strait Islander origin).

Improved cultural safety and environments may include:

- artwork, flags and signage, in particular at access points and waiting areas
- increased involvement and visibility of Aboriginal and Torres Strait Islander staff
- patient charter materials printed in language.

Training and promotion may include:

- discussion at regular clinical and administrative staff meetings
- development of screensavers, web pages, brochures, a 'cheat sheet' or 'helpful hints'
- display of posters, brochures, pens, badges and mouse pads.

Engagement, relationships and partnerships with local Aboriginal and Torres Strait Islander communities may be improved through:

- flag-raising and smoking ceremonies
- local media e.g. Murri radio, television and newspaper coverage
- acknowledgement, celebration, commemoration and promoting significant dates / cultural events such as national days for the Closing the Gap, Sorry Day, Mabo, Reconciliation Week and NAIDOC Week.

Throughout this phase, monitor the effectiveness of the actions being implemented and to manage any risks that arise.

- What is being effective and why?
- What is not being effective and why – does it need to be modified?
- What unexpected benefits are identified?
- What risks are identified?

3. Study

Study the results of the actions that have been implemented.

- What worked and why?
- What did not work and why?

Ongoing analysis of data sources and subsequent quality improvement processes will provide the basis for sustainable achievements of the project's objectives.

Evaluate effectiveness. Determine which actions to:

- Continue
- Cease
- Modify
- Enhance
- Implement more broadly
- Introduce.

Modify the action plan accordingly.



4. Act

Standardise actions that worked into normal procedures.

- If a new patient registration form was trialled and it evaluated positively, it can be approved and introduced as the standard form.
- If training, including watching the DVD and practising asking the question was positively evaluated, include it in regular training sessions to relevant staff.
- If the screensaver was evaluated positively, have it included on a monthly rotation.
- Build on-going ways of strengthening relationships with local Aboriginal and Torres Strait Islander community groups and Elders.

Broaden the application. After the initial action plan, it may be advantageous to implement selected actions into other areas of the health service. Consider the following areas for improvement.

- Community health and non-admitted patient settings
- Birthing units for the identification of Aboriginal and Torres Strait Islander neonates
- Inclusion of Indigenous status in patient safety and quality systems
- Inclusion of Indigenous status on all pathology forms and systems
- Inclusion of Indigenous status in all relevant projects.



Repeat the cycle. Based on the outcomes of the evaluation, it may be necessary to start again with the quality cycle, beginning with the planning phase. This will be particularly important if the actions were not effective in driving improvement. Understand what prevented the first cycle from being effective.

Plan for continuous improvement. Data sources and processes will enable ongoing evaluation of the effectiveness of the project.

- KPI: Estimated level of completion of Indigenous Status (Synthetic Estimates): these will enable evaluation of improvement in Indigenous identification rates and trends per hospital, district and state-wide.
- 'Unknown' rates in HBCIS: these may be extracted periodically and provide a regular guide as to the asking of the question.
- Periodic audit: a process for annual auditing and reporting.
- AIHW's Indigenous identification in hospital separations data: quality report provides data on the accuracy of completion of the Indigenous status field (every 5 years approximately; last conducted April to June 2011).

It is recommended that health services have a documented quality improvement process in place to support the accurate recording of patient and client data. This process includes at minimum:

- annual audit
- strategies to detect inaccuracies and errors
- action planning
- tracking of actions and reporting.

Observation checklist

This checklist provides a tool to systematically observe physical environments, processes, staff behaviours and interactions with patients and families and to seek the views of frontline staff on Indigenous identification.

It is more difficult to have a 'critical eye' if you are overly familiar with the environment. When undertaking this task, you may not see what others see. Consider undertaking observations in pairs; discuss what each of you see or ask someone who is unfamiliar with the environment to perform the task.

Location

Check for ...

Hospital exterior (physical environment)

- Are there visible Aboriginal, Torres Strait Islander and Australian flags flying and in good condition?
- Is there other cultural presence such as outdoor spaces, murals, gardens, signage, banners or commemoration plaques?
- Is there acknowledgement of Traditional Custodians and history of the site in signs or plaques?
- Is the overall appearance of the exterior appealing and welcoming?
- If not, what are the barriers? Can they be removed or improved?

Building entry points and foyers

- Is there visible cultural presence: indoor Aboriginal and Torres Strait Islander flags (three flags), banners, artwork, paintings, posters, photographs, signage or commemoration plaques?
- Is the overall appearance of the entry appealing and welcoming?
- If not, what are the barriers? Can they be removed or improved?
- Posters promoting Indigenous identification – are they visible and well located?
- Brochures for Indigenous identification – are they visible and well located?
- Staff – are they welcoming?
- Volunteers – are they welcoming? Are they aware of the Indigenous hospital liaison service / officer?

Hospital environment - such as admissions, emergency department, outpatients clinics, day clinics, waiting areas, consultation and treatment rooms etc. (repeat for all areas to be assessed)

- Is there visible cultural presence: indoor flags (three flags), banners, Aboriginal and / or Torres Strait Islander artwork, posters, photographs, signage or commemoration plaques?
- Is there signage for and information promoting the Indigenous hospital liaison service and/or any other available services?
- Is the overall appearance of the area appealing / welcoming? If not, what are the barriers? Can they be removed (or minimised)?
- Are there dedicated areas with cultural recognition for patients, families and community?
- Are staff welcoming?
- Do staff wear badges, lanyards, uniforms with Aboriginal and Torres Strait Islander flags etc., artwork, designs or promoting services and programs?
- Are posters promoting Indigenous identification visible and well located?
- Are brochures for Indigenous identification visible and well located?
- How private is the data collection processes? If not, how can it be improved?
- What is the data collection method?
- Is the question verbally asked or is it on the form? (Collect the different forms to review later!)
- Is the question asked using standard question? If not, what is the question being asked?
- Are the coding categories consistent with the National Guidelines?
- Is every patient asked? If not, why not?
- When a patient is unable to provide personal details for example in the emergency department, what is the process for follow-up? Is it flagged and followed up?
- Are the staff aware of the need to ask and why?
- Do staff have 'cheat sheets' or 'helpful hints' about asking the question and responding to difficult behaviour?
- Have staff been trained? How – is training part of orientation or frontline?
- Are systems and processes in place to ensure every patient asked including follow-up?

Consultation / Interview Checklist

Who	Advise about / provide ...	Find out about ...
Health Service Executive	<ul style="list-style-type: none"> • Overview (brief summary) • District data 	<ul style="list-style-type: none"> • Their support and feedback • Views on issues and solutions • Knowledge of use of data and funding • Views on training
Corporate Services / Administration and Finance	<ul style="list-style-type: none"> • Overview • District data • Awareness of loading • Awareness of mandatory question 	<ul style="list-style-type: none"> • Their support and feedback • Views on issues and solutions • Administrative policy and procedures • Views on training
Health Information Manager	<ul style="list-style-type: none"> • Overview • District data • Awareness of loading • Awareness of mandatory question 	<ul style="list-style-type: none"> • Their support and feedback • Views on issues and solutions • Administrative policy and procedures • Views on training including current content and method of delivery • Forms: what used and if identification question on forms
Executive Director People and Culture / Organisational Development	<ul style="list-style-type: none"> • Overview • District data • Awareness of loading • Awareness of mandatory question 	<ul style="list-style-type: none"> • Their support and feedback • Views on issues and solutions • Administrative, orientation and cultural capability training and records
Work areas: Administration Clinicians Managers Clinician leaders	<ul style="list-style-type: none"> • Overview • District data • Awareness of loading • Awareness of mandatory question • Brochures and posters • Training 	<ul style="list-style-type: none"> • How (ask everyone; what question; problems)? • Recording system (HBCIS, forms) • What happens to the data (by tracking it)? • How do clinical staff receive the data? • How do clinical staff use the data? • What happens if data missing? • What information is provided to clients? • Cultural safety, posters, brochures, attitude
Aboriginal and Torres Strait Islander Leaders / Regional Indigenous Operational Policy Managers / Indigenous Health Coordinators and Aboriginal and Torres Strait Islander Hospital Liaison Officers and Aboriginal and Torres Strait Islander Health Workers Community (essential)	<ul style="list-style-type: none"> • Overview (attend team meetings) • District data • Awareness of mandatory question • Brochures and posters • Training 	<ul style="list-style-type: none"> • Views on barriers and enablers, cultural safety • How data interfaces with their work • Best way of contacting / informing / seeking views of community • What is their role in identification? • What happens for patients who have identified? • What is working well? • What would improve the system for identification? • What would improve patients' journeys? • Are Indigenous events celebrated, and how? • How is the importance of Indigenous identification communicated to district staff, e.g. screensavers, newsletters, webpage? • How is the importance of Indigenous identification communicated to patients? • How is importance of Indigenous identification communicated to community, e.g. on-hold phone messages, meetings?
Volunteers	<ul style="list-style-type: none"> • Overview (visit / attend meetings / forum) • District data • Overview 	<ul style="list-style-type: none"> • Community views on barriers and enablers, cultural safety, solutions • Usage or bypass of services • Their views on assisting Aboriginal and Torres Strait Islander patients and visitors