What considerations are given to the Indigenous community?

VASM Seminar 2019 – Surgical Safety: how to engage wholly for success
Dr Jordan Cory, Board Director of AIDA
20 February 2019
I would like to acknowledge the traditional owners of the land we meet today; the Wurundjeri people of the Kulin Nations
Overview

• About AIDA
• Indigenous culture and health
• Cultural safety
• Research and audit
• VASM data
• Future study
About AIDA

• The Australian Indigenous Doctors’ Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health.

• Main activities involved:
  o Supporting Indigenous medical students and doctors to achieve at least parity
  o Cultural safety – supporting non-Indigenous doctors
  o ‘Closing the Gap’ – research in the medical workforce and Indigenous health

Source: https://www.aida.org.au/
Indigenous culture and health

• Aboriginal and Torres Strait Islander culture is a source of strength, resilience, identity and confidence.

• Each of these factors are inextricably linked to health and wellbeing in Indigenous peoples.

• Quality health care for Indigenous patients needs to be responsive to cultural differences and the impacts of racism (conscious and unconscious).

• Recognition of these impacts on Indigenous peoples’ engagement within the health system, and applying culturally safe standards of care.

Cultural safety

- Refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms in everyday practice.

- Overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health.

- On a continuum of care
  - Cultural awareness (recognizing difference)
  - Cultural sensitivity (understanding and exploring difference)
  - Cultural safety (integration into everyday practice)

Examples on how to apply cultural safety:

- Practice Acknowledgement of Country (and Welcome to Country)
- Engage with the local Aboriginal and/or Torres Strait Islander community
- Display Indigenous art and health message posters
- Ask patients if they identify as being an Aboriginal and/or Torres Strait Islander person in a respectful manner
- Collect data on the Aboriginal and Torres Strait Islander status of new and existing patients (with the permission of patients)
- Cultural safety training for all staff

Source: https://www.aida.org.au/
The COAG Closing the Gap Strategy was developed by Australian governments following their signing of the ‘Close the Gap’ Statement of Intent from March 2008 onwards.

- Developed in partnership with Aboriginal and Torres Strait Islander peoples.
- Blueprint for achieving health equality referred to as the ‘Close the Gap’ approach.
Estimated that there were 744,956 Aboriginal and Torres Strait Islander persons in Australia. By region as follows:

- 30.9% (229,951) in New South Wales
- 27.8% (207,105) in Queensland
- 12.8% (95,653) in Western Australia
- 9.9% (73,696) in Northern Territory
- 7% (52,512) in Victoria
- 5.4% (40,596) in South Australia
- 3.5% (26,361) in Tasmania
- 0.9% (6,841) in the Australian Capital Territory.

Audit of surgical mortality – data collection

- The ANZASM and its regional audit offices asks of the treating surgeons a question item on the surgical case record form in reference to Aboriginal and Torres Strait Islander identity.

Source: https://www.surgeons.org/vasm
The following data is from the ANZASM Report 2016

- Total of 33,450 closed cases of deceased patients nationally
- 419 surgical deaths of Aboriginal and Torres Strait Islander persons recorded
- No data regarding Indigeneity from New South Wales, and limited data from Western Australia or Tasmania

Aboriginal and Torres Strait Islander compared to non-Indigenous surgical population:

- Died at a younger age
- Higher rate of serious comorbidities (72% versus 57%)
- The operative rate was similar, with 74.9% (314/419) of Aboriginal and Torres Strait Islander patients undergoing an operation compared with 79.6% (11,442/14,368) of non-Indigenous patients.

There was a 23 year difference in the median age of death for Aboriginal and Torres Strait Islander persons (55 y.o) compared with non-Indigenous persons (78 y.o).

<table>
<thead>
<tr>
<th>Improvement in management of surgical care</th>
<th>Aboriginal and Torres Strait Islander persons (n=419)</th>
<th>Non-Indigenous patients (n=14,368)</th>
<th>Risk Ratio (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoperative management</td>
<td>9% (29/314)</td>
<td>7% (780/11,442)</td>
<td>1.35 (0.95-1.93)</td>
</tr>
<tr>
<td>Choice of operation</td>
<td>3% (9/314)</td>
<td>2% (245/11,442)</td>
<td>1.34 (0.69-2.58)</td>
</tr>
<tr>
<td><strong>Timing of operation</strong></td>
<td>8% (25/314)</td>
<td>5% (603/11,442)</td>
<td>1.51 (1.03-2.22)*</td>
</tr>
<tr>
<td>Improvement in decision to operate</td>
<td>8% (24/314)</td>
<td>7% (781/11,442)</td>
<td>1.12 (0.76-1.65)</td>
</tr>
<tr>
<td>Intraoperative</td>
<td>3% (8/314)</td>
<td>3% (334/11,442)</td>
<td>0.87 (0.44-1.74)</td>
</tr>
<tr>
<td>Postoperative care</td>
<td>4% (14/314)</td>
<td>5% (546/11,442)</td>
<td>0.93 (0.56-1.57)</td>
</tr>
</tbody>
</table>

Note: CI = Confidence interval  *Statistically significant difference between the two groups at the p<0.05 level

<table>
<thead>
<tr>
<th>Postoperative care</th>
<th>Aboriginal and Torres Strait Islander persons (n=314)</th>
<th>Non-Indigenous patients (n=11,442)</th>
<th>Risk Ratio (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postoperative complications detected</td>
<td>27% (85/314)</td>
<td>34% (3,849/11,442)</td>
<td>0.80 (0.67-0.97)*</td>
</tr>
<tr>
<td>Use of DVT prophylaxis</td>
<td>73% (229/314)</td>
<td>82% (9,438/11,442)</td>
<td>0.88 (0.83-0.95)*</td>
</tr>
<tr>
<td>Unplanned return to theatre</td>
<td>20% (62/314)</td>
<td>16% (1,800/11,442)</td>
<td>1.26 (1.00-1.57)*</td>
</tr>
<tr>
<td>Unplanned readmission</td>
<td>3% (9/314)</td>
<td>3% (378/11,442)</td>
<td>0.77 (0.39-1.54)</td>
</tr>
<tr>
<td>Fluid balance problems</td>
<td>8% (26/314)</td>
<td>9% (1,009/11,442)</td>
<td>0.94 (0.65-1.36)</td>
</tr>
<tr>
<td>Communication</td>
<td>7% (22/314)</td>
<td>4% (481/11,442)</td>
<td>1.67 (1.10-2.52)*</td>
</tr>
<tr>
<td>Treated in critical care unit</td>
<td>76% (238/314)</td>
<td>68% (7,787/11,442)</td>
<td>1.11 (1.04-1.19)*</td>
</tr>
<tr>
<td>Unplanned ICU admission</td>
<td>18% (58/314)</td>
<td>19% (2,229/11,442)</td>
<td>0.95 (0.75-1.20)</td>
</tr>
<tr>
<td>Different action should have been taken by surgeon</td>
<td>20% (64/314)</td>
<td>16% (1,832/11,442)</td>
<td>1.27 (1.02-1.59)*</td>
</tr>
</tbody>
</table>

Note: CI = Confidence interval; DVT: deep vein thrombosis; ICU: intensive care unit. *Statistically significant difference between the two groups at the p<0.05 level.

### Table 17: Clinical incidents in Aboriginal and Torres Strait Islander patients and non-Indigenous patients

<table>
<thead>
<tr>
<th>Area of issue</th>
<th>Aboriginal and Torres Strait Islander patients (n=174)</th>
<th>Non-Indigenous patients (n=5,397)</th>
<th>Relative risk for Aboriginal and Torres Strait Islander persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration</td>
<td>94 (54.0%)</td>
<td>2,527 (46.8%)</td>
<td>1.15 (1.00-1.33)*</td>
</tr>
<tr>
<td>Concern</td>
<td>59 (33.9%)</td>
<td>1,249 (23.1%)</td>
<td>1.47 (1.18-1.81)*</td>
</tr>
<tr>
<td>Adverse event</td>
<td>19 (10.9%)</td>
<td>455 (8.4%)</td>
<td>1.30 (0.84-2.00)</td>
</tr>
</tbody>
</table>

*Note: *p*=0.05 vs. non-Indigenous patient control*
Future study

Apply cultural safety considerations in research using the audit data by:

• Further investigation on the data reporting of the Aboriginal and Torres Strait Islanders’ identification status at a regional level

• Reviewing the quality of data collection from the medical case notes received by the regional audit office
Acknowledgement & References

- The Australian Indigenous Doctors’ Association
- J Vinluan, Victorian Audit of Surgical Mortality
- Australian and New Zealand Audit of Surgical Mortality Report 2016
- Royal Australasian College of Surgeons
Questions?