

SUPPORTIVE CARE FOR ABORIGINAL AND TORRENS STRAIT ISLANDER PATIENTS BY KEY PATIENT ADVOCATES

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KEY PATIENT ADVOCATES ROLE

ABORIGINAL AND TORRENS
STRAIT ISLANDER (ATSI)
CANCER CARE COORDINATORS
ROLE

STATISTICS FOR RAH
RADIATION ONCOLOGY

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The Aboriginal Health Team

The Aboriginal Health team consists of a manger, a nurse, Aboriginal Liaison Officers and administrative support

Aboriginal Hospital Liaison Officers

Provide emotional, social and cultural support for Aboriginal & Torres Strait Islander patients, including "ngangkari" (traditional healers).

Assist with transport and temporary accommodation for rural & remote patients and escorts. Limited transport provisions available for metropolitan patients.

Make arrangements for interpreters in Aboriginal languages.

Assist with financial and welfare enquiries and referrals.

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Aboriginal & Torrens Strait Islander Cancer Care Coordinator Role

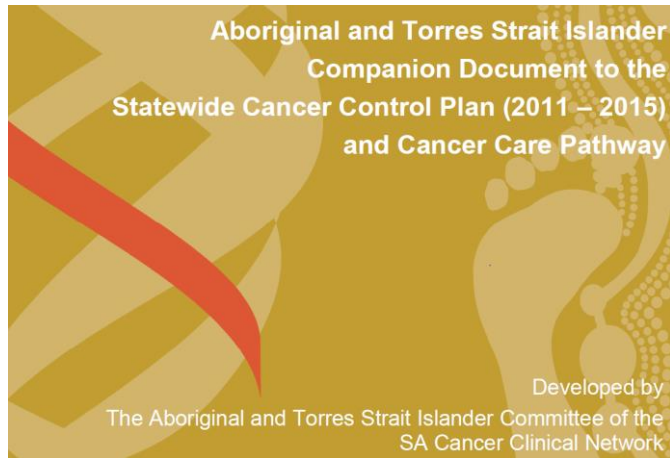
To support a coordinated experience of care for Aboriginal cancer patients and their families attending the Central Adelaide Local Health Networks for cancer treatment.

Two demonstration nursing positions for Cancer Care Coordination, Aboriginal and Torres Strait Islander Health

Commenced in October 2011
Initially funded by CanNet
Followed by COAG, Closing the Gap
and now State Closing the Gap funding.

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Position guided heavily by:



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ATSI Cancer Care Coordinator

- Provide coordinated and appropriate access to care.
- Attend Multi Disciplinary Team meetings.
- Attend medical appointments with patients if requested.
- Cluster appointments or arrange for treatment to occur closer to home where possible.
- Liaise with community health service providers and other Cancer Care Coordinators and referral services.

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Training Needs Analysis

- 61% of respondents said that they lack confidence when caring for Aboriginal and Torres Strait Islander patients.
- Fear of offending the patient because of lack of understanding of cultural issues.
- 68% of respondents had never participated in Aboriginal Cultural Awareness Training

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Following this survey

Key advocates sought from 5 clinical areas of the cancer directorate: Women's Health, Rad. Onc outpatients, Chemotherapy Day Centre, Haematology ward, Oncology ward.

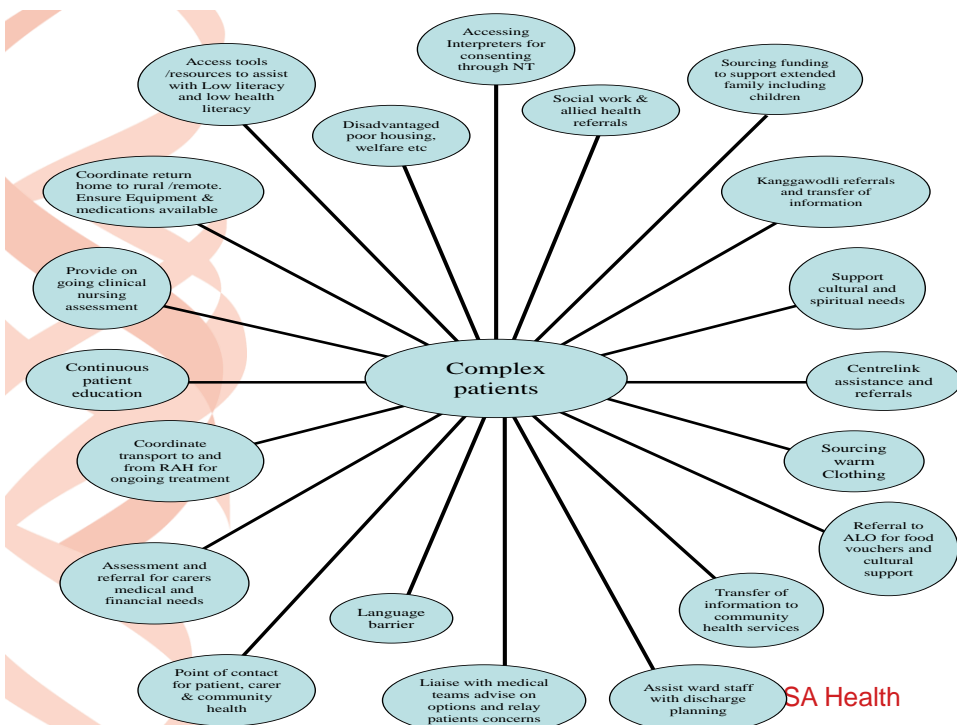
Specific training: Interactive ochre sessions
Relationships Australia 2 day cultural sensitivity training
Visits to Aboriginal hostels and Kanggawodli health facility
Education about ATSI specific supports: Transport, Aboriginal Community Controlled Health Services (metro and rural/remote), role of Aboriginal Health Workers.

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Radiation Oncology Key Advocate role

- Meet with ATSI clients on Day 1 of RT
- Ensure they are known to Tumour stream CPC and ATSI CCC
- Training to staff – cultural sensitivity, journal club, case study
- Coordinating formal cultural awareness training
- Ensuring staff are identifying ATSI patients correctly
- Follow patients through treatment in RT – often weeks
- Work with ATSI CCC to address any other needs

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Overcoming Barriers

- Patients not identified as Aboriginal and/or Torres Strait Islander
- Lack of finances – patient and family, funders and service providers
- Limited family friendly accommodation
- Separation from family, particularly children
- Staff having preconceived ideas – stereotyping
- Lack of mandatory cultural training for staff

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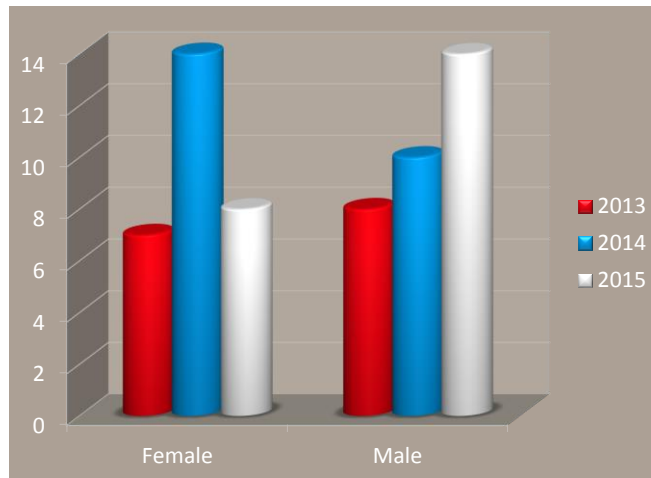


Enablers

- Referrals to each other through networks
- Patient and family fully understand diagnosis and treatment plan
- Culturally appropriate resources
- Knowledge of services – who to contact
- Key advocates for Aboriginal and Torres Strait Islander cancer patients
- Building trusting relationship
- Supporting carers
- Clinical and psychosocial assessment including cultural, financial and access

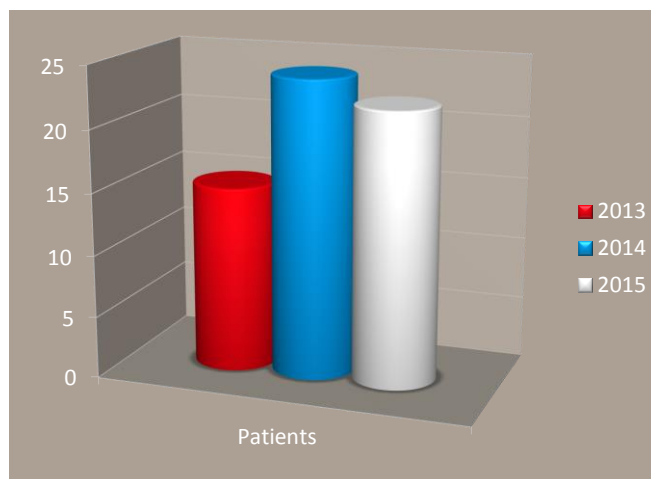
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Radiation Oncology Statistics



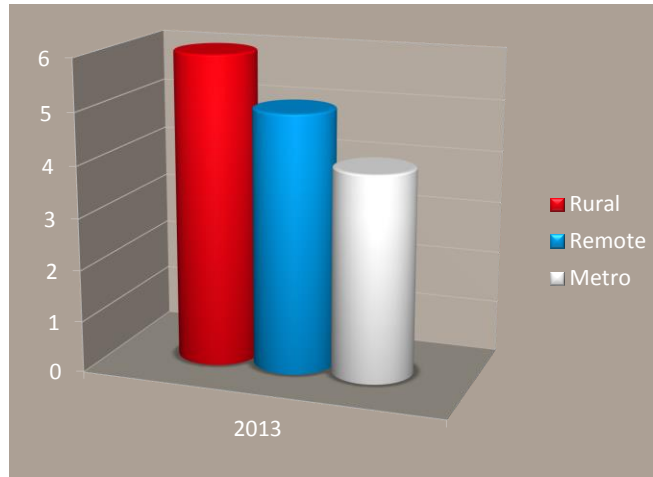
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Patient Numbers



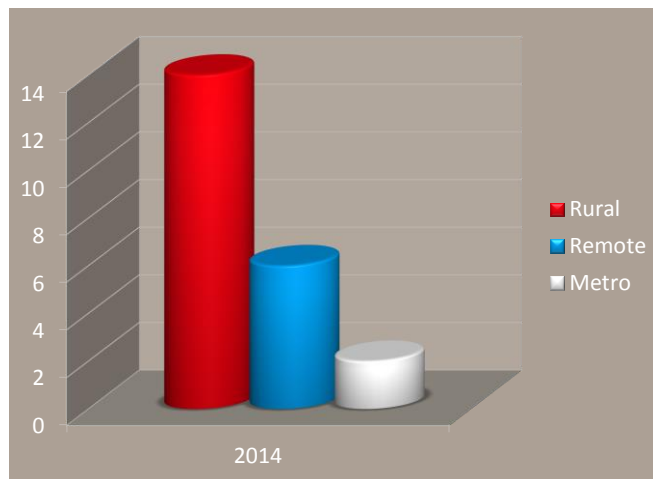
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Patient Demographics 2013



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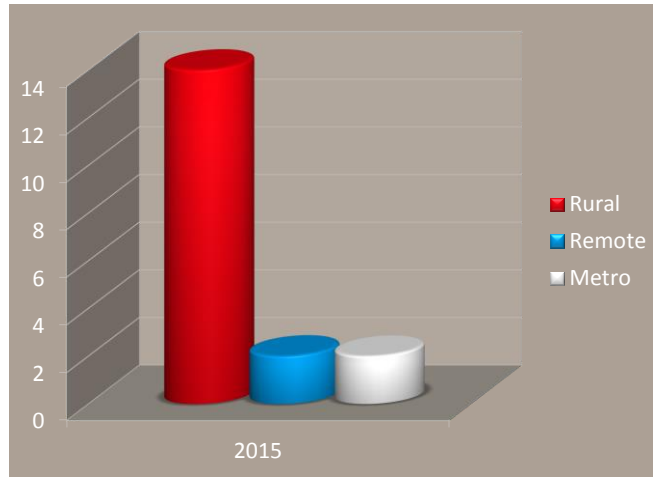
Patient Demographics 2014



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Patient Demographics 2015



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