

Equipping Australia to Implement Trauma and Violence Informed Care to enhance Aboriginal and Torres Strait Islander healthcare experiences (EquipAus): A Protocol



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INTRODUCTION

Between 30 and 50 Aboriginal and Torres Strait Islanders are leaving the Barwon Health ED every month at their own risk without treatment, and this constitutes approximately 20% of all "Did not Wait" patients despite Aboriginal and Torres Strait Islanders only representing approximately 3.5 % of the population.



There are average wait of up to 20 minutes longer for Aboriginal and Torres strait clients classed as urgent, semi-urgent or non-urgent. These are important figures considering that apart from non-urgent care,

Aboriginal clients are also waiting less time before they decide to leave – and this is the result of mistrust and discrimination in the health care system more broadly.



Evidence coming out of Canada suggests that when clinicians are trained to adapt a Trauma and Violence Informed Care approach to clinical practice, it results in better experiences for both the clinician and Indigenous peoples. Additionally, it enhances the likelihood that Indigenous peoples will remain for their full care episode.



AIM

To enhance Aboriginal and Torres Strait Islander experiences of healthcare by adapting, implementing and evaluating a Canadian Trauma and Violence Informed Care (TVIC) educational intervention

OBJECTIVES

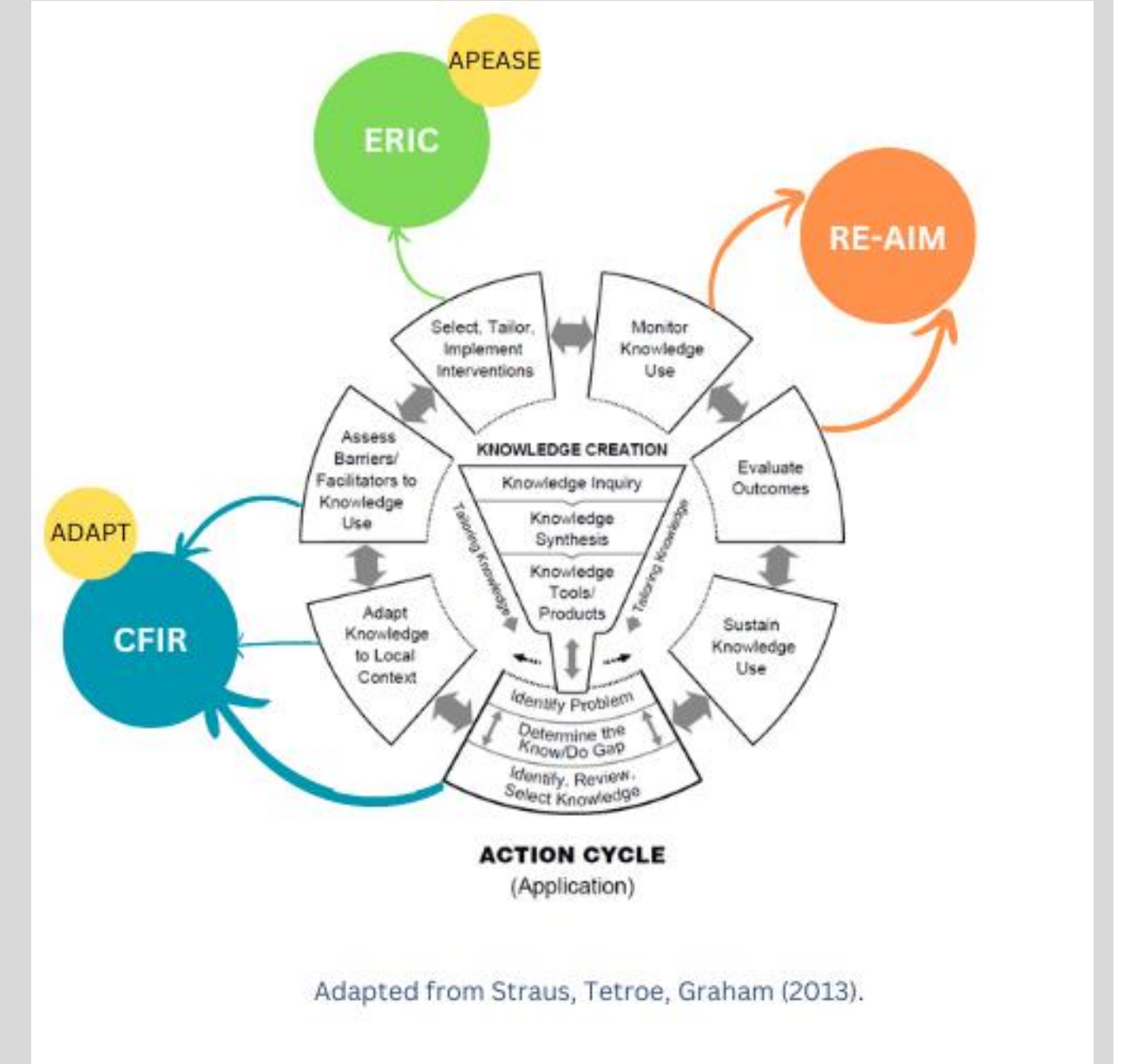
- Explore the healthcare experiences of Aboriginal and Torres Strait Islanders entering an Australian regional ED
- Explore the cultural, process and structural transformations required to adapt and implement a TVIC educational intervention
- Adapt the TVIC educational intervention
- Use appropriate, accessible and feasible implementation strategies to implement the TVIC intervention
- Evaluate effectiveness of TVIC educational intervention on clinician understanding of TVIC
- Evaluate effectiveness of TVIC educational intervention on Aboriginal and Torres Strait Islanders' experiences of healthcare
- Evaluate impact of implementation strategies on appropriateness, acceptability and feasibility on implementation

METHOD

Quasi-experimental Study

Integrated Knowledge Translation Approach

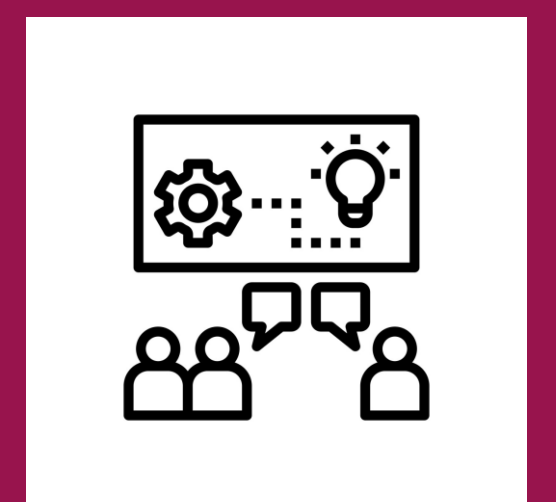
Multi-framework Design



THREE STEPS WILL INFORM THE ADAPTION OF THE TVIC INTERVENTION

- 1 Semi-structured interviews and discrimination surveys with Aboriginal and Torres Strait Islanders presenting to ED and
- 2 Semi-structured interviews and Knowledge, Attitude, Behavioural (KAB) short surveys with ED clinicians
- 3 Key stakeholders will participate in a 3-hour workshop to explore culturally safe healthcare and undertake organisational assessments.

The adaption process will require regular workshops involving all key stakeholder groups.



Training will then be implemented with Aboriginal Elders and Traditional Owners from Wadawurrung Country.

Evaluation will use a multi-methods approach, including patient interviews and surveys, clinician interviews and KAB surveys, ED data on "Did Not Wait", and an evaluation workshop

CONCLUSION

This study has the potential to enable the nurturing of strong relationships between Barwon Health and the Wadawurrung Aboriginal Community. Additionally, it will make an important contribution to our understanding of the science behind implementing interventions into the ED. Finally, the research and its processes are supportive of the Barwon Health Cultural Safety Plan 2023-2024.

REFERENCES & ACKNOWLEDGEMENTS



INSTITUTE FOR HEALTH TRANSFORMATION

