A robust translational research, all of health sector approach to improving continuity of care for Aboriginal people with chronic diseases

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Background
Chronic diseases drive disparities in premature morbidity and mortality for Aboriginal and Torres Strait Islander people in South Australia. The SA Aboriginal Chronic Disease Consortium was established to drive, coordinate, support and influence the implementation of evidence-based, community-supported, prioritised strategies. A key priority is to improve the continuity of care received by Aboriginal patients with complex health issues pre, during and post hospitalisation.

Objectives
Development and implementation of a continuity of care model to improve: care coordination across hospital and return to home journeys; cultural appropriateness of services; systematic discharge, referral and follow-up; and survivorship.

Method
Through an 'all of health sector approach' Consortium partners developed an evidence-based model of improving care continuity, negotiated to pilot the model in a major urban hospital, and agreed upon key performance indicators within a comprehensive evaluation framework and governance arrangements to progress strategy development with key stakeholders across the health and policy landscapes.

Results

The model of care focuses on prioritised acute management, improved communication of information across and within systems and with patients and families, and enabling culturally response services. The model is currently being piloted, and builds on the 6 new National Safety and Quality in Health Service Standards specific to the health of Aboriginal and Torres Strait Islander people. Design and implementation of systematic discharge, referral and follow up pathways included developing and implementing rehabilitation and end of life programs that meet client needs across the State.