Queensland Aboriginal and Torres Strait Islander

cardiac health strategy

2014–2017

Queensland Government

Queensland Aboriginal and Torres Strait Islander cardiac health strategy 2014–2017
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Minister's foreword

Taking active steps to improve the health and wellbeing of Aboriginal and Torres Strait Islander people is a priority for the Queensland Government. Although significant progress has been made, cardiovascular disease remains a significant contributor to the lower life expectancy of Aboriginal and Torres Strait Islander people in Queensland.

The *Queensland Aboriginal and Torres Strait Islander cardiac health strategy 2014–2017* provides clear direction on how we can improve health service responsiveness for Indigenous Queenslanders with cardiovascular disease. It includes targeted strategies across the health continuum for:

- prevention
- early identification and intervention
- ongoing management and treatment
- rehabilitation.

The cardiac health strategy is underpinned by *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033*—Queensland's evidence-based Indigenous health policy and accountability framework.

I encourage the use of the cardiac health strategy across our health system to improve and sustain health outcomes for Aboriginal and Torres Strait Islander people in Queensland.

Cameron Dick MP

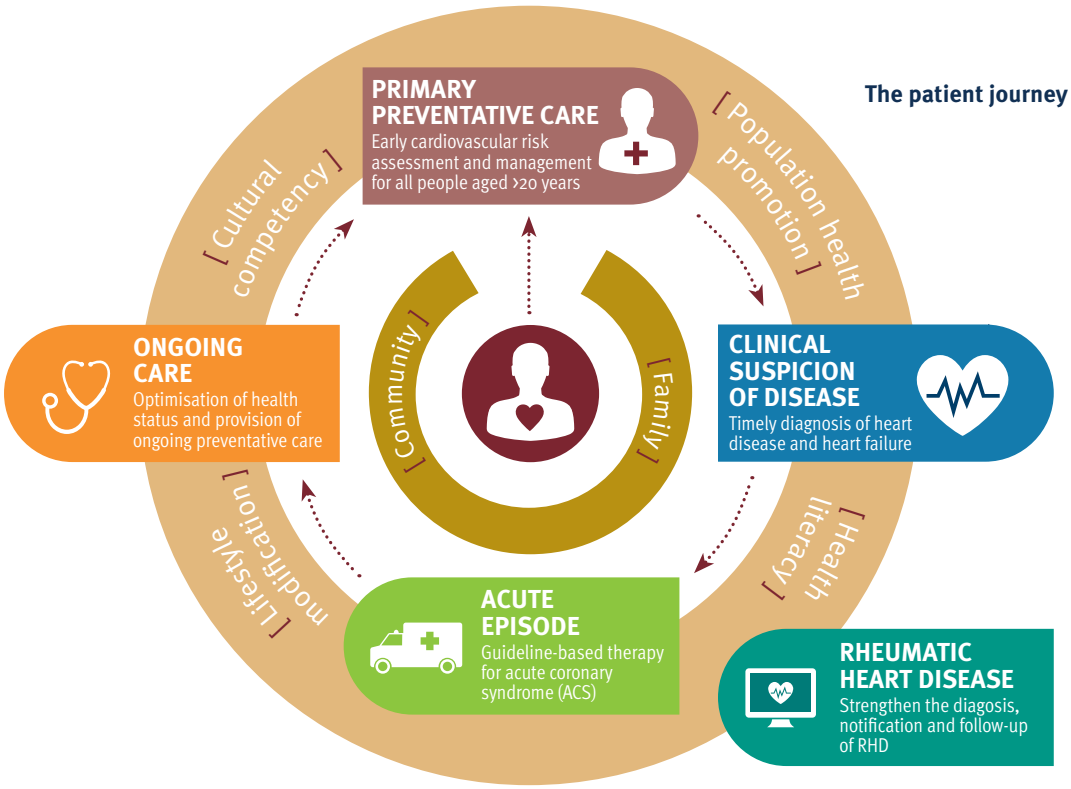
Minister for Health
Minister for Ambulance Services
Member for Woodridge

Reasons for change

- Aboriginal and Torres Strait Islander people in Queensland have a lower life expectancy than non-Indigenous Queenslanders. A gap of 8.6 years for women and 10.8 years for men.[1]
- Cardiovascular disease is a leading contributor to the burden of disease and the leading cause of mortality for Aboriginal and Torres Strait Islander people.[2]
- One in eight Aboriginal and Torres Strait Islander people are diagnosed with a heart disease.[3]
- A high rate of hospital admission for cardiac conditions for Aboriginal and Torres Strait Islander people resulted in excess costs of $54.8 million between 2011–2012 and 2013–2014 in the Queensland acute care system.[4]
- There is an earlier onset of cardiovascular disease for Aboriginal and Torres Strait Islander people. This is illustrated by 30 per cent of deaths from ischaemic heart disease in Indigenous people aged less than 50 years, compared to 2.6 per cent for non-Indigenous.[5]
- Acute rheumatic fever (ARF) and rheumatic heart disease (RHD)—diseases now rare in the non-Indigenous population—are still major burdens for Aboriginal and Torres Strait Islander people, particularly children. Aboriginal and Torres Strait Islander people represent 87 per cent of clients on Queensland's Rheumatic Heart Disease Register (at May 2014).

All actions are to be taken in the context of:

1. Ensuring health services have the skills, knowledge and behaviours required to plan, support, improve and deliver in a culturally respectful and appropriate manner.[6]
2. Improving the identification of Aboriginal and Torres Strait Islander people within all health data sets and systems.[7]



The patient journey and priority areas for action[8]

Overall goals

- Reduce the gap in mortality from cardiovascular disease with a focus on the rate of deaths for Aboriginal and Torres Strait Islander people aged 50 years and under.
- Improve Aboriginal and Torres Strait Islander peoples' knowledge and provide support to help them manage their cardiac health.
- Reduce the rate of clients progressing to moderate or severe RHD, including both children and adults.
- Improve Aboriginal and Torres Strait Islander peoples' cardiac health to reduce the excess cost to the acute care system.

Outcome targets

- Reduce the rate of discharge against medical advice (DAMA) for cardiac related admissions to 1.1 per cent by 2016–17.
- Five per cent annual reduction in number of cardiac related potentially preventable hospitalisations.

Performance monitoring

- Produce a baseline report and ongoing six monthly reports, against identified indicators.

Areas	Priority actions				
Early cardiovascular risk assessment and management	Improve rates of cardiovascular risk assessment for Aboriginal and Torres Strait Islander people.	Continue targeted tobacco cessation strategies for Aboriginal and Torres Strait Islander people.			
Timely diagnosis of heart disease and heart failure	Continue support for culturally appropriate cardiac outreach services (e.g. Indigenous Cardiac Outreach Program).	Develop innovative approaches for early diagnosis in rural and remote locations (by June 2016).	Implement strategies to improve coordination of care pathways between Aboriginal and Torres Strait Islander community controlled health services, and the acute care system (by June 2016).		
Guideline-based therapy for acute coronary syndrome	Ensure the implementation of the National Clinical Care Standards for Acute Coronary Syndrome considers the needs of Aboriginal and Torres Strait Islander people.	Develop a mechanism to report on the implementation of the ACS standards for Aboriginal and Torres Strait Islander patients (by December 2015).	Pilot and evaluate the Heart Foundation's Lighthouse Toolkit in facilities across the Metro South Hospital and Health Service (by June 2016).	Promote education on the warning signs of heart disease and ACS.	Expand cardiac reperfusion strategies by paramedics in rural and remote locations.
Optimisation of health status and ongoing preventive care	Support multi-disciplinary care teams to assist Aboriginal and Torres Strait Islander people to manage chronic diseases.	Provide culturally appropriate patient resources for Aboriginal and Torres Strait Islander people during an admission for cardiac care.	Implement mechanisms to improve referral processes for Aboriginal and Torres Strait Islander people following an admission for cardiac care.	Support healthy lifestyle workers in the Torres Strait to support Aboriginal and Torres Strait Islander patients with preventive and rehabilitation activities.	Increase access to culturally appropriate rehabilitation programs, especially in rural and remote locations.
Strengthen the diagnosis, management, notification and follow-up of acute rheumatic fever and rheumatic heart disease	Continue support for the Rheumatic Heart Disease and Control Program (Queensland).	Undertake communication strategies to improve clinicians' knowledge about diagnosis, prevention and management of ARF and RHD.	Locally adapt best practice models for the management of both ARF and RHD in children up to the age of 15 years (by June 2015).	Implement local compliance strategies for the prophylactic management of ARF and RHD for children in the following Hospital and Health Services: • Torres and Cape • Townsville • North West • Cairns and Hinterland.	

Areas	Performance indicators				
Early cardiovascular risk assessment and management	Rate and number of potentially preventable hospitalisations (PPH) for cardiac related conditions.	Number of Indigenous health checks (MBS 715) undertaken.	Number and percentage of QUITLINE clients who identify as Aboriginal and/or Torres Strait Islander.		
Timely diagnosis of heart disease and heart failure	Number of Aboriginal and Torres Strait Islander outpatients not seen within the appropriate period for a general cardiac specialist appointment (segregated by outpatient category).	Average wait times for Aboriginal and Torres Strait Islander outpatients not seen within the appropriate time from referral (segregated by outpatient category).			
Guideline-based therapy for acute coronary syndrome	Rates of access to hospital procedures for the following cardiac related procedures: • percutaneous coronary interventions • coronary artery bypass grafts • coronary angiography.	Rate of DAMA for cardiac related admissions.	Percentage of paramedics able to provide pre-hospital reperfusion therapy.		
Optimisation of health status and ongoing preventive care	Median age of hospitalisation for ACS and chronic heart failure (CHF).	Failure to attend rate for general cardiac outpatient appointments.			
Strengthen the diagnosis, management, notification and follow-up of acute rheumatic fever and rheumatic heart disease	Incidence of all episodes of ARF.	Incidence of ARF episodes classified as recurrences.	Prevalence of RHD cases.	Median percentage of all scheduled benzathine penicillin G doses delivered to children in the following age groups: • 0–4 years old • 5–14 years old.	Proportion of people with moderate or severe RHD who had an echocardiogram within the previous 6 months, 1 year and 1–2 years.

References

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