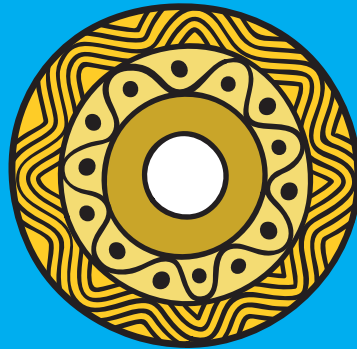




**SA ABORIGINAL  
CHRONIC DISEASE  
CONSORTIUM**

# Emergency Services Protocol

For the transfer and retrieval  
of Aboriginal and Torres Strait  
Islander patients with chest  
pain/suspected acute coronary  
syndrome or neurological  
symptoms/suspected stroke



## ACKNOWLEDGMENT OF COUNTRY

The South Australian Aboriginal Chronic Disease Consortium acknowledges and celebrates that Aboriginal and Torres Strait Islander people are the Traditional Custodians of the land, known as Australia.

We recognise that Aboriginal and Torres Strait Islander people are the First Peoples of Australia and that within these two distinct cultural groups, there is great cultural diversity.

We acknowledge and pay our respects to the Aboriginal people across South Australia, Elders, past and present, their continuing connection to this land and thriving cultural practices and knowledge.

# Emergency Services Protocol

## For the transfer and retrieval of Aboriginal and Torres Strait Islander patients with chest pain/suspected acute coronary syndrome or neurological symptoms/suspected stroke

<b>Target Audience</b>	<ul style="list-style-type: none"> <li>● Community based Aboriginal Community Controlled Health Organisations (ACCHOs) and General Practitioners.</li> <li>● Royal Flying Doctor Services (RFDS).</li> <li>● South Australian Ambulance Service (SAAS).</li> <li>● Transferring and receiving Hospitals.</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>● This protocol is intended to integrate within existing clinical pathways, policies, procedures and information management systems to provide culturally appropriate evacuation, transfer and retrieval of Aboriginal and Torres Strait Islander patients in an emergency.</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>● This protocol applies to all emergency services that have the responsibility for evacuating, transferring or retrieving Aboriginal and Torres Strait Islander patients.</li> </ul>
<b>Principles</b>	<p>Quality patient transfer and retrieval care is:</p> <ul style="list-style-type: none"> <li>● Responsive and equitable – appropriate, standardised, appropriate and accessible.</li> <li>● Safe and consistent – competent and capable.</li> <li>● Efficient and cohesive – integrated and inter-facilitated across the multiple providers.</li> </ul>
<b>Considerations</b>	<ul style="list-style-type: none"> <li>● The need for responsive, consistent collection and collation of feedback from Aboriginal patients regarding service delivery.</li> <li>● Location: Urban v Remote v Rural (Country).</li> <li>● High burden of disease – complex and chronic conditions can determine experience and behaviours.</li> <li>● Health literacy and beliefs and views on health impact understanding of causes, treatment and care.</li> <li>● Language – communication challenges when English is not a first language and access to an interpreter who may or may not be a carer/ family member.</li> </ul>

<b>Considerations (continued)</b>	<ul style="list-style-type: none"> <li>● Impact of illness on cultural obligations, including kinship/carer and community relationships.</li> <li>● Financial resources – financial obligations or limited available finances greatly disadvantages patients and their families/carers ability to travel and live away from home.</li> <li>● What information do the patient and family need to address concerns they may have regarding cultural safety, transfer location, care and treatment.</li> </ul> <p><b>Note: Patient summary informed by these considerations will need to be passed over to receiving hospital.</b></p>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>● Primary Evacuation – applies to retrieval from a location with no medical facility, and is conducted by the RFDS or SAAS.</li> <li>● Local Transfer – applies to the authorised medical emergency transfer of Aboriginal patients between inner city community health centres or general practice to emergency departments.</li> <li>● Remote and/or Country Transfer – applies to the medical emergency transfer of Aboriginal patients between remote and/or regional emergency departments to centralised emergency departments that has been authorised by a Duty Medical Practitioner, Clinical Director or equivalent.</li> <li>● Patient Travel – applies to the considerations and requirements relevant to the transport of Aboriginal patients under the Patient Assistance Travel Scheme (PATS) Guidelines.</li> </ul>
<b>Mandatory requirements</b>	<p>Comply with state-wide service standard operating procedures as outlined by the SA Health policy document reference G0168 and for iCCnet, RFDS and SAAS which include:</p> <ul style="list-style-type: none"> <li>● iCCnet management of chest pain / suspected ACS <a href="http://www.iccnetsa.org.au/Data/Sites/1/protocols/clinicalpathways/cat3_blank.pdf">http://www.iccnetsa.org.au/Data/Sites/1/protocols/clinicalpathways/cat3_blank.pdf</a></li> <li>● Statewide standardised pathway for the acute and post-acute management of patients with high risk Acute Coronary Syndrome (SA Health Transforming Health).</li> </ul>
<b>Outcomes</b>	<p>An integrated state-wide transfer and retrieval system where Aboriginal patients receive quality, responsive and considered treatment and care.</p>
<b>Date</b>	<p>January 2019</p>
<b>Document Owner</b>	<p>South Australian Aboriginal Chronic Disease Consortium</p>

The following elements should be included in the protocol. Dependent on whether it is a local or remote/country transfer or primary evacuation, and the time available prior to arrival of transport, there are varying levels of priority. This protocol should not delay transport or time-critical treatment.

Elements of protocol	Justification	Local transfer	Remote/country transfer	Priority level 1-3 (1-highest)
<b>Aboriginal and Torres Strait Islander identification</b>	To initiate the Aboriginal and Torres Strait Islander aspects of the pathway, and to facilitate appropriate clinical decision making, and consideration of cultural elements of care to be incorporated into management.	✓	✓	1
<b>Identification of languages spoken</b>	If the Aboriginal patient's first language is not English, it is well recognised that limited access to interpreters is a barrier in providing time critical care. Identifying the patient's preferred language/s and communicating this to the receiving hospital can facilitate improved provision of interpreters if required, and support consenting processes.	✓	✓ particularly relevant in some rural and remote communities	1
<b>Appropriate person/s to provide consent</b>	In some cases, it may not be the patient or their direct family member who is appropriate to provide consent for travel or treatment. It is therefore important to establish who is/ are the appropriate person, and to initiate contact.	✓	✓ particularly relevant in some rural and remote communities	1
<b>Selection of escort (if relevant)</b>	Identifying an appropriate escort has been found to influence in-hospital care experiences. Considerations include: <ul style="list-style-type: none"> <li>• Appropriate person to assist with or provide consent</li> <li>• Level of health literacy</li> <li>• Previous engagement with health services</li> </ul>	✓	✓ particularly relevant in rural and remote communities	1



Elements of protocol	Justification	Local transfer	Remote/country transfer	Priority level 1-3 (1-highest)
<b>Initiating escort transport (if relevant)</b>	Initiate escort transport. This may be in the emergency vehicle if capacity, or may be in alternative private transport. This process should prepare the escort for the travel, support organisation of transport, and facilitate communication with the receiving service	✓	✓ particularly relevant in rural and remote communities	2
<b>Information and discussion on condition and possible treatment options</b>	Retrieval and hospitalisation for a heart attack or stroke is a frightening experience. Preparing patients and their escort/s what to expect supports consent and reduces anxiety prior to transfer. This is particularly relevant for patients who will travel from remote or rural locations.	✓	✓	2
<b>Initiating consent process</b>	It has been identified that there are gaps in the consent process. Initiating consent can support this process in hospital. This is particularly relevant for patients who will travel from remote or rural locations.	✓	✓	2
<b>Consider financial resources of patient and escort, if applicable</b>	It is sometimes the case that Aboriginal patients and escorts arrive at hospital with limited finances and no identification. These act as barriers to accessing services whilst in the city. If possible, consider availability to financial resources on arrival to Adelaide.	✓	✓	3

Elements of protocol	Justification	Local transfer	Remote/country transfer	Priority level 1-3 (1-highest)
<b>Social preparation of patient and escort (if applicable)</b>	It is sometimes the case that Aboriginal patients and escorts arrive at hospital with inappropriate clothing for the weather, no medications, and limited understanding of where they are. These act as barriers to accessing services whilst in the city. Consider barriers to care, where possible prepare the patient and escort, and facilitate coordination of social supports in the city.	✓	✓ particularly relevant in rural and remote communities	3
<b>Regular primary health care provider</b>	Supports consent process (particularly if it is most appropriate to have family or community consent), communication with family, communication of health information to patient, and for ongoing care.	✓	✓ In remote and country locations, this is critical. The provider may be able to support consent process, communication with family, and ongoing care	3
<b>Communication of information to family not travelling with patient</b>	An information sheet for family who are not travelling with patients can provide information on where the patient is likely to be taken, when they will be likely to hear how the patient is, how to contact the patient, and how to contact the Aboriginal Health Unit/ Aboriginal Liaison Unit.	✓	✓	3
<b>Initiating escort accommodation (if relevant)</b>	Initiate escort accommodation. This process should prepare the escort for the travel, and support organisation of accommodation.	✓	✓ particularly relevant in rural and remote communities	3



**For more information**

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