How can hospitals better identify Aboriginal and Torres Strait Islander patients to assist medication use?

TO THE EDITOR: Identification of Indigenous Australian patients at hospital admission enables the implementation of programs to improve health care, including assistance with the use of medication.

The New South Wales Department of Health mandates that all patients be asked if they identify as Aboriginal or Torres Strait Islander people. This information is then recorded in the medical notes or electronic medical record, which is not easily viewed by staff. At our metropolitan teaching hospital, we introduced electronically visible identification of these patients and demonstrated how this information can be used to improve continuity of care.

Indigenous Australians experience high morbidity and mortality from chronic illnesses. Most of these patients live in non-remote areas and 32% live in major cities, however, “information [regarding Aboriginal] identification reduces with proximity to major cities”. Identifying patients could help us support and engage them and promote the safe use of medication.

Nationwide, it is reported that Indigenous Australians are eight times more likely to discharge themselves from hospital against medical advice, providing an “indirect indicator of the extent to which services respond to an Indigenous patient’s needs”. The result of this can be poorer health, readmissions and increased health costs.

The federally funded Closing the Gap (CTG) Pharmaceutical Benefits Scheme Co-payment Measure provides eligible patients with subsidised medications and can help with long term treatment. State-funded hospital health care providers cannot register patients for this program, but they need to identify and link them to CTG-registered practitioners in the community. Pharmacists can be an integral part of this process.

We have developed a process to easily identify patients electronically on admission to hospital. A system enhancement automated the creation of an electronic clinical alert from a mandatory patient demographic field stored in the electronic medical record.

On the electronic ward list, clinical staff see an icon (the Aboriginal flag) next to an Indigenous patient’s name. Once this process was in place, a pharmacy system was implemented to provide educational resources targeting health care staff and patients about medications and CTG funding. Pharmacist-gathered information is now recorded in the electronic medicines management system, enabling access on readmission.

The use of visible, electronic identification has improved our ability to focus on Aboriginal and Torres Strait Islander patients and introduce processes to assist with medication management and improve continuity of care. We hope that our experience encourages other health care services to take similar steps to improve identification systems and implement strategies to help patients.

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Letters


