1. Introduction

Aboriginal Victorians continue to experience poorer health and lower life expectancy than the general community. Many Aboriginal people are reluctant to present to health services and, when they do so, may have more acute and complex health issues. In addition, under-identification of Aboriginal patients continues to hamper the ability to develop policy and services based on a complete picture of health needs and service use.

1.1 Improving Care for Aboriginal Patients (ICAP) program
The Department of Health (the department) introduced the Improving Care for Aboriginal Patients (ICAP) program in 2004, to improve accurate identification of, and quality health care for, Aboriginal people accessing Victorian public hospitals. The program is underpinned by a 30% WIES loading for identified Aboriginal in-patients. This provides hospitals with funding proportional to the number and complexity of Aboriginal patient admissions and appropriate incentives to provide culturally responsive care.

1.2 Koori Mental Health Liaison Officer (KMHLO) program
The department introduced the KMHLO program in 1997 following recommendations of the Purro Birik Social and Emotional Wellbeing Strategy, 1999-2002 (Indigenous Mental Health Services) Evaluation Report. The KMHLO program provides for EFT in rural hospitals to undertake a direct role supporting Aboriginal clients and supports the delivery of culturally responsive care. The KMHLO positions can support relationships with the Aboriginal community, cross cultural training, cultural training for hospital staff, support discharge planning and primary health care referral.

2. Program goals
The ICAP and KMHLO programs seek to:

- achieve accurate identification of all Aboriginal people presenting to Victorian hospitals and area mental health services
- improve access for Aboriginal people to Victorian hospitals and area mental health services
- support Victorian hospitals and area mental health services to provide high quality, holistic and culturally appropriate health care and referrals for Aboriginal people
- recognise that high quality, culturally appropriate health care for Aboriginal people is an organisation-wide responsibility, not just the responsibility of designated Aboriginal staff
- promote partnerships between Victorian hospitals, area mental health services and Aboriginal community controlled organisations in the planning and delivery of health care for Aboriginal people

1 Throughout this document the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people.
2 Weighted Inlier Equivalent Separation
3. Key result areas

In 2012, following increased engagement in Aboriginal health through Closing the Health Gap and a developmental review of the ICAP and KMHLO programs, four new key result areas (KRAs) were developed for both programs. The new KRAs (listed below) reflect the review findings as well as priorities outlined in Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022.

**KRA 1: Engagement and partnerships**
Hospitals and area mental health services establish and maintain partnerships, and continue to engage and collaborate with Aboriginal organisations, Elders and Aboriginal communities.

**KRA 2: Organisational development**
Hospitals and area mental health services have an organisational culture that: acknowledges, respects and is responsive to Aboriginality; can deliver culturally responsive healthcare through organisational development that includes CEO, boards and operational staff; and includes culturally responsive planning, monitoring and evaluation for the organisation.

**KRA 3: Workforce development**
Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on-the-job support and mentoring, cultural respect and supervisor training.

**KRA 4: Systems of care**
Culturally competent healthcare and a holistic approach to health are provided to Aboriginal patients with regard for the place of family. Culturally responsive healthcare supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes.

Example indicators of achievement for each of the KRAs are provided in Attachment 1.

4. Employment of Aboriginal staff

Aboriginal Hospital Liaison Officers (AHLOs), Koori Mental Health Liaison Officers (KMHLOs) and other Aboriginal staff play an important role in bringing cultural expertise into health services, in providing Aboriginal patient support, and facilitating links to Aboriginal community controlled organisations. However, accurate identification of and culturally appropriate health care for Aboriginal people is an organisation-wide responsibility. In order to address the ICAP and KMHLO program KRAs, hospitals and area mental health services are expected to adopt a system-wide approach to improving holistic health care for Aboriginal people, in collaboration with the Aboriginal community and organisations.

In addition to AHLO and KMHLO positions, hospitals and area mental health services are encouraged to create other identified Aboriginal staffing positions aligned with the ICAP and KMHLO program KRAs. Employment of Aboriginal staff should be part of broader initiatives to enhance Aboriginal staff recruitment and retention across the organisation, in line with requirements of Karreeta Yirramboi, Victorian Aboriginal Public Sector Employment and Career Action Plan 2010-15.

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5. Performance monitoring and reporting

The department has a range of mechanisms in place to support the ongoing monitoring, review and continuous quality improvement of hospital and area mental health service priorities and achievements within their ICAP and KMHLO programs. The department will continue to revise and strengthen the existing performance monitoring framework, key elements of which are outlined below.

5.1 Statement of Priorities

The Statement of Priorities (SoP) is the key document of accountability between the Department of Health and Victorian health services and is completed for each financial year.

Part A of the SoP provides an overview of the individual health service’s strategic directions for the year. Specifically, it identifies how the health service will contribute to the achievement of the Victorian Government’s seven key priorities as described by the Victorian Health Priorities Framework 2012-22.

For each of the priorities, health services are required to articulate key actions and deliverables, and to ensure that these align with all departmental policies and priorities. Health services are encouraged to articulate actions and deliverables that demonstrate their commitment to improving Aboriginal health outcomes. These will align with current policies, for example Koolin Balit: Strategic Directions for Aboriginal Health 2012-22. Within this context, health services may identify activities that reflect work undertaken as part of ICAP and KMHLO programs and/or the development of Aboriginal Health and reconciliation plans.

5.2 Program Report for Integrated Service Monitoring

The Program Report for Integrated Service Monitoring (PRISM) is designed to provide a broad view of performance across a range of services provided to the Victorian community by health services. The suite of measures reported in the PRISM includes a number of Aboriginal health measures such as numbers of Aboriginal people presenting to emergency departments, and WIES funding received by hospitals for Aboriginal inpatients. These reports are provided to health service CEOs and board chairs on a quarterly basis.

5.3 Quality of care reports

Quality of care reports inform the community and other stakeholders about a range of health service quality of care initiatives. Health services are required to report progress annually in these reports, against the four ICAP and KMHLO program KRAs. Health services may wish to use the table in Attachment 1 as a template for this reporting requirement.

5.4 Continuous quality improvement

The Continuous quality improvement tool: Aboriginal health in acute hospitals including area mental health services (CQI tool) supports Victorian hospitals and area mental health services to provide holistic, culturally responsive healthcare to Aboriginal Victorians.

The CQI tool provides a process to:

- reflect on progress and achievements in providing holistic, culturally responsive healthcare for Aboriginal people
- identify gaps in organisational and clinical practice
- identify priorities for actions to improve the delivery and outcomes of healthcare for Aboriginal people, through initiatives and programs across the organisation
- ensure greater systemic effort and accountability for an organisation-wide approach to CQI in healthcare for Aboriginal people.

Completing the CQI tool is an annual reporting requirement for all health services with WIES funding and all area mental health services.

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6. Program support

6.1 Department of Health, central office
State-wide responsibility for the ICAP and KMHLO programs resides with the department’s Aboriginal Health Branch and Mental Health, Drugs and Regions Division. Collectively, senior program staff from these areas set the policy direction for both programs and are available to support Victorian hospitals and area mental health services with the implementation of their programs, by:

- providing advice to hospitals and area mental health services regarding their ICAP/KMHLO planning, policy development and projects
- monitoring and reviewing hospital and area mental health service ICAP and KMHLO priorities and reporting (via the performance monitoring and reporting tools listed in Section 5).
- disseminating information, resources and models of good practice
- convening a quarterly network for managers of Aboriginal health and mental health programs and staff

6.2 Department of Health, rural regions
Department of Health rural regions are responsible for relationships with and performance management of public health services, as well as a range of other health programs, including community health, mental health, alcohol and other drugs, health promotion and public health. Rural regions take the lead in a number of initiatives related specifically to improving Aboriginal health, including development of an action plan to support Koolin Balit, and strategies to support Closing the Health Gap and Karreeta Yirramboi.

Rural regions provide a resource to ensure:

- ICAP and KMHLO KRAs are reflected in Statement of Priorities for ICAP health services and area mental health services;
- ICAP and KMHLO programs are complemented by other regional initiatives (eg Closing the Health Gap and Karreeta Yirramboi); and
- AHLOs and KMHLOs (and associated positions) are supported in making connections across mainstream and Aboriginal specific health initiatives.

Regions support AHLOs and KMHLOs to network at a regional level, in particular to maintain collaborative relationships across the region and to share knowledge and resources.

Regions also work with non-ICAP health services to encourage and support them to develop strategies to enhance access by Aboriginal people and to improve the patient experience.

6.3 Department of Health, metropolitan regions
Metropolitan regions will provide support to ensure:

- ICAP plans are complementary to regional plans and initiatives (e.g. Closing the Health Gap and Karreeta Yirramboi); and
- Hospital network leaders are supported in making connections across mainstream and Aboriginal specific health initiatives and are actively involved in regional planning and coordination arrangements (e.g. Closing the Health Gap Committees).

Regions support Hospital Networks to coordinate effort at a regional level with other stakeholders, in particular to maintain collaborative relationships across their catchments and to share knowledge and resources.
6.4 Victorian Aboriginal Community Controlled Health Organisation
The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) supports the ICAP and KMHLO programs by:

- Keeping Aboriginal Community Controlled Health Organisations (ACCHOs) informed of and engaged with ICAP and KMHLO initiatives
- Providing advice to hospital and area mental health service staff about culturally appropriate protocols and practice in addressing the ICAP and KMHLO program KRAs
- Providing professional development and networking opportunities for AHLOs and KMHLOs

7. Further information

Additional information and resources regarding the ICAP and KMHLO programs and broader Aboriginal health and mental health initiatives are available via the details provided below.

**Aboriginal Health Branch**
Tel: (03) 9096 1001

**Mental Health, Drugs and Regions Division**
Tel: (03) 9096 8767

**Victorian Aboriginal Community Controlled Health Organisation**
http://www.vaccho.org.au
Tel: (03) 9411 9411

**Barwon South West Region**
Level 2, Corner Little Malop and Fenwick Street,
Geelong Victoria 3220
Telephone: (03) 5226 4540

**Gippsland Region**
64 Church Street, PO Box 1661
Traralgon Victoria 3844
Telephone (03) 5177 2500

**Grampians Region**
35 Armstrong Street South
Ballarat Victoria 3350
Telephone: (03) 5333 6530

**Hume Region**
43-47 Rowan Street,
Wangaratta Victoria 3676
Tel: (03) 5722 0555

**Loddon Mallee Region**
74-78 Queen Street
Bendigo Victoria 3550
Telephone (03) 5434 5555

**Eastern Metropolitan Region**
883 Whitehorse Road
Box Hill Victoria 3128
Telephone: 1300 360 452

**North and Western Metropolitan Region**
145 Smith Street
Fitzroy Victoria 3065
Telephone (03) 9412 5333 or 1300 360 408
Southern Metropolitan Region
Level 5, 165-169 Thomas Street
Dandenong Victoria 3175
Telephone: 8765 5444
### Attachment 1

**ICAP KRAs and example indicators of achievement**

<table>
<thead>
<tr>
<th>Key result area</th>
<th>Example indicators of achievement</th>
</tr>
</thead>
</table>
| **1: Engagement and partnerships**  
Hospitals and area mental health services establish and maintain partnerships, and continue to engage and collaborate with Aboriginal organisations, Elders and Aboriginal communities. | - Hospitals and area mental health services work collaboratively and inclusively with the local ACCHO, Elders, and Aboriginal community members in planning, delivering and improving health care for Aboriginal people.  
- Aboriginal people are informed in a culturally appropriate manner about the hospital and area mental health service and what they should expect as users of these services.  
- Culturally appropriate mechanisms are in place for engagement and obtaining feedback from Aboriginal people, their families and the wider Aboriginal community who have had some experience with the hospital or area mental health service. The information is used to improve the delivery of health care. |
| **2: Organisational development**  
Hospitals and area mental health services have an organisational culture that:  
- acknowledges, respects and is responsive to Aboriginality  
- can deliver culturally responsive health care through organisational development that includes CEO, boards, and operational staff  
- includes culturally responsive planning, monitoring and evaluation for the organisation | - Aboriginal health is a stated priority, with associated deliverables reflected in strategic and business plans, as well as in a specific Aboriginal reconciliation and/or health action plan.  
- Senior executive staff demonstrate leadership and ‘walk the talk’ for a culturally responsive hospital/area mental health service.  
- The board has outlined expectations for CEO and senior executives to lead service system development to strengthen culturally responsive health care and improved health outcomes for Aboriginal people.  
- The hospital/area mental health service provides a culturally safe and welcoming physical environment for Aboriginal people.  
- Data collection systems are in place across a number of areas within the hospital/area mental health service to monitor and/or evaluate protocols and systems related to being a culturally responsive organisation. |
| **3: Workforce development**  
Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on-the-job support and mentoring, cultural respect and supervisor training. | - The Aboriginal workforce is supported within the organisation. *For example:*  
- Job descriptions for Aboriginal staff are clearly articulated, and include roles and responsibilities, expectations, professional development and management and reporting lines.  
- Aboriginal staff receive professional, clinical and cultural support.  
- Aboriginal student placements and traineeships are prioritised, in line with *Karreeta Yirramboi*.  
- A comprehensive cross cultural training strategy enables staff to develop competencies in providing culturally responsive health care to Aboriginal people and their families.  
- Cultural awareness and respect is a requirement in the recruitment of new staff to the hospital/area mental health service. |
| **4: Systems of care**  
Culturally competent health care and a holistic approach to health and the place of family are provided to Aboriginal people. Culturally responsive health care supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes | - Culturally appropriate strategies for collection of patient identification data on Aboriginality.  
- The collection and monitoring of data is supported by robust information systems - and the data is used to strengthen Aboriginal patient care.  
- Culturally responsive, age appropriate and gender specific strategies are in place to assist Aboriginal women, men, children, youth and aged people to access required health services, mental health services and other supports.  
- People are informed about preventative care/early intervention services within the hospital/area mental health service and beyond (including primary health and community based services) for the |
<table>
<thead>
<tr>
<th>Key result area</th>
<th>Example indicators of achievement</th>
</tr>
</thead>
</table>
| **4: Systems of care (continued...)** | provision of comprehensive health care. This includes one-to-one communication and/or broader social marketing.  
- Culturally responsive, patient-centred pathways are embedded within the hospital/area mental health service to improve the patient journey and clinical care of Aboriginal people. This may include outreach and/or early intervention programs.  
- Acute, subacute, and primary care services are consistent with clinical guidelines, processes, protocols or other evidence based recommendations, including those which are culturally appropriate should they exist.  
- Cultural and individual factors are accounted for in patient notes and clinical documentation and evaluation processes.  
- Comprehensive discharge plans are developed for all Aboriginal people especially those with complex care needs or chronic health/mental health conditions. |