



**IN ACTION CONFERENCE**

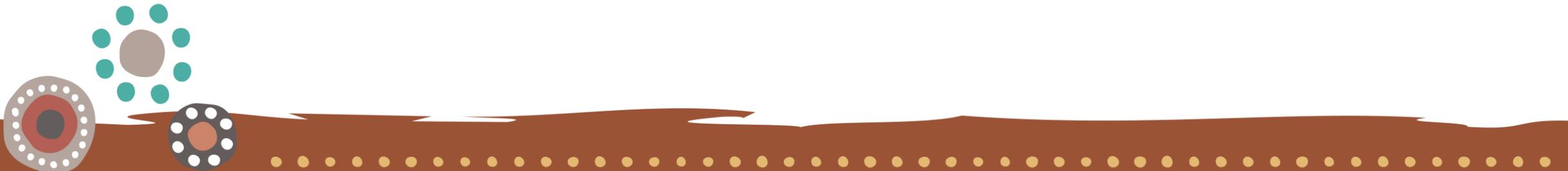
# Heart and Lung Rehab Programs: a regional update

Katrina Ghidella

We honour the many Goori Tribal Nations whose territories we work across within South-East Queensland.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.



# Key Priority Areas

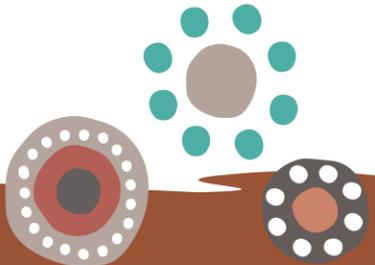
## SEQ First Nations Health Equity Strategy Key Priority Areas

- **KPA1 Cultural Safety:** Actively eliminating racial discrimination and institutional racism within services.
- **KPA2 Access:** Increasing access to healthcare services.
- **KPA3 Determinants:** Influencing the social, cultural, and economic determinants of health.
- **KPA4 Delivering Quality Healthcare:** Delivering sustainable, culturally safe, and responsive healthcare services.
- **KPA5 Service Delivery Partnerships:** Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- **KPA6 A Strong and Capable Workforce:** Strengthening the First Nations health workforce.

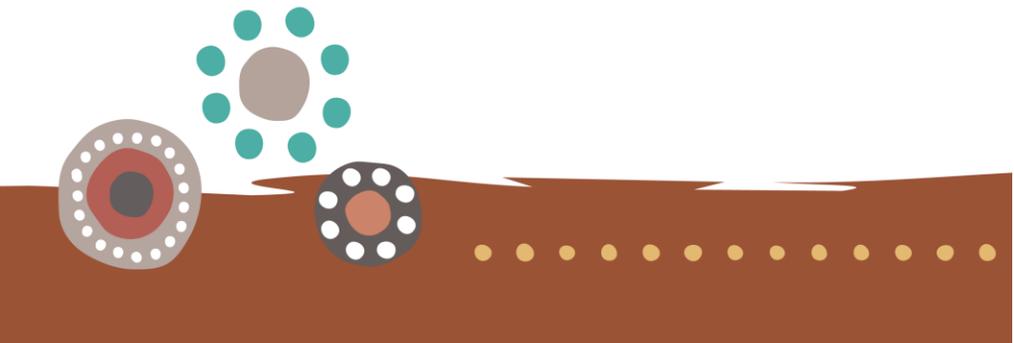
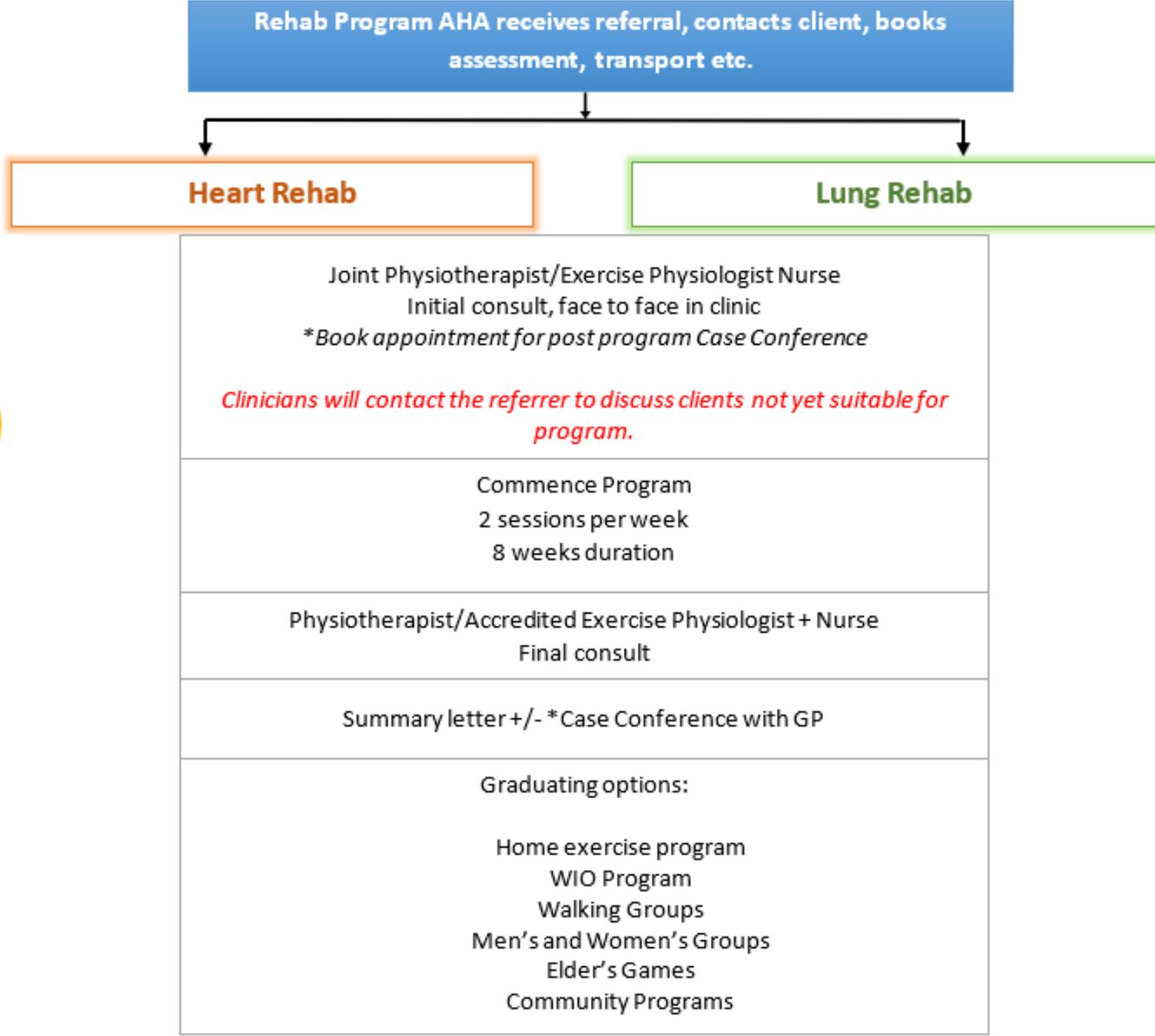
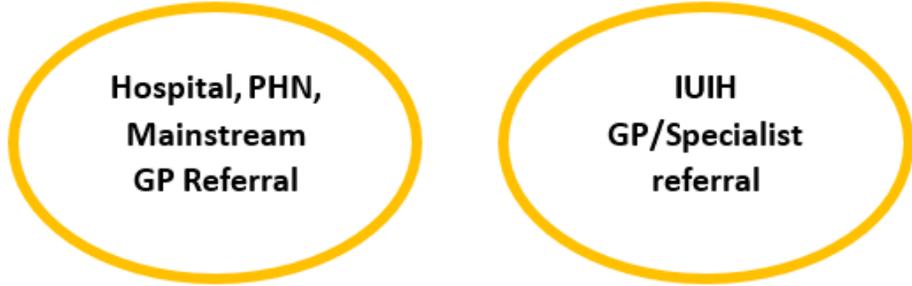


# Heart and Lung Rehab

- Aboriginal and Torres Strait Islander People, 18+ with ANY Heart or Lung condition.
- Yarning and movement program for community, in community and closer to home.
- Supportive group environment.
- Client led.
- Nurse, Physio/Exercise Physiologist Aboriginal and Torres Strait Islander Allied Health Assistant.
- Initial yarn; client's health needs, what's important, and what they want to achieve.
- Who can refer? GPs, Specialists, Nurses, Allied Health, COMMUNITY!!
- Transport is provided!!
- Flexible entry and exit.
- Supported plan beyond rehab.



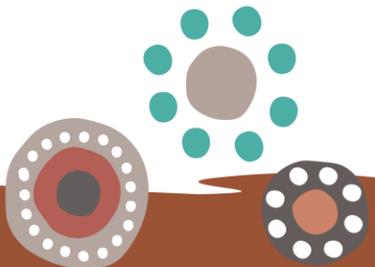
# Client Journey



# Client Stories

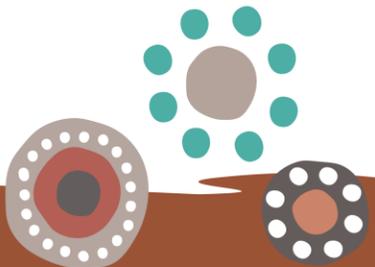


- Uncle: After having a few set backs post his heart surgery, he was feeling isolated at home and unable to exercise due to his symptoms. After joining cardiac rehab both the client and his partner report that the Ct is less anxious, and he is more motivated to go for his walks at home and exercise. He feels back to his normal self again and is not isolating at home as much.
- Aunty: Ct was unsure about engaging with group based program due to her impaired hearing, she felt like she was not going to be able engage in the socialisation activities. However, the rest of the group were supportive and they made her feel welcomed during the education session and she feels now more motivated to speak up and share her own experiences with regards to her health journey. Is now looking forward to attending program on a regularly.



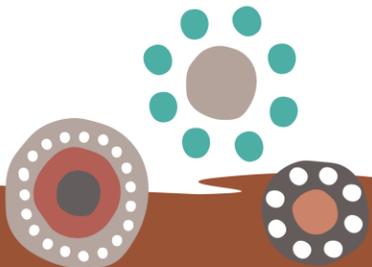
# HHS > IUIH Soft Handover Story

- Referral from HHS Rehab Program to IUIH Rehab Program.
- Aunty happily consented to a soft handover between teams to move from one program to the next.
- No extensive retelling of her story.
- Knowledge exchange between teams about what's important to Aunty for both her health journey and things she loves the most.
- Aunty transitioned with the same exercise program from the HHS program, one she was familiar and comfortable with.
- IUIH Rehab team called Aunty to yarn about anything else she needed such as a one on one before starting group; she was keen to start though!
- HHS Senior Aboriginal Health Worker visited with Aunty at her first session to support her on her transition between programs.
- Aunty is soon to finish her Rehab Program and is interested in transitioning onto the Work It Out Program for a further 6 months!



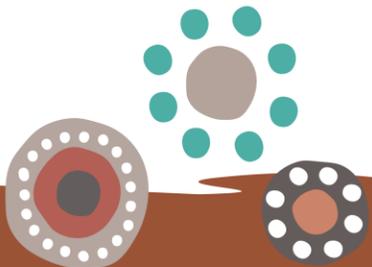
# Program Update - Referrals

	Number of Referrals Received	Metro North HHS	Metro South HHS	West Moreton HHS	Gold Coast HHS
Cardiac	62	14	24	17	7
Pulmonary	47	5	16	20	6



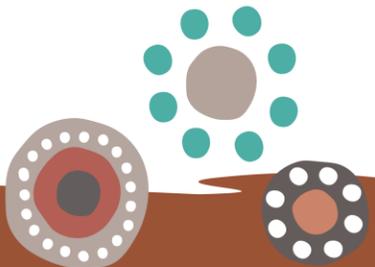
# Program Update - Client Journey

	Number of clients assessed	Number of clients commencing program	Number of clients completing program	Percentage (%) of completed clients transitioning to Work It Out Program	Current Clients
Cardiac	36	26	3	100	51
Pulmonary	22	20	2	100	35



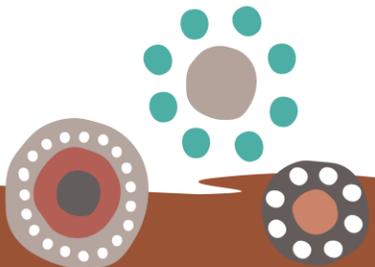
# Engagement Opportunities

- Quarterly IUIH-HHS collaborative meetings.
- Program Visits.
- Conference Presentations.
- Community Events.
- Network Presentations.
- Standing invites to HHS meetings.



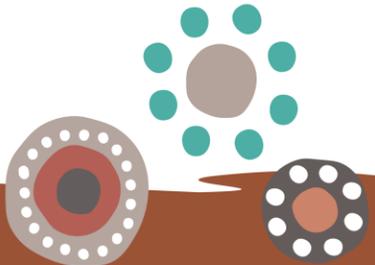
# Enablers

- Open knowledge exchange.
- Prioritise client needs as determined by the client.
- Some visibility and data sharing.
- Community connections.
- Willingness to do things differently.
- Eligibility criteria flexibility.



# Barriers

- Gap between Hospital Admissions and Rehab Referrals across whole of system.
- Vast geographical area to collectively provide services to.
- Data visibility. Future Opportunities.



Any Questions?

Referrals and Contact Details:

Heart and Lung Rehab Programs

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