



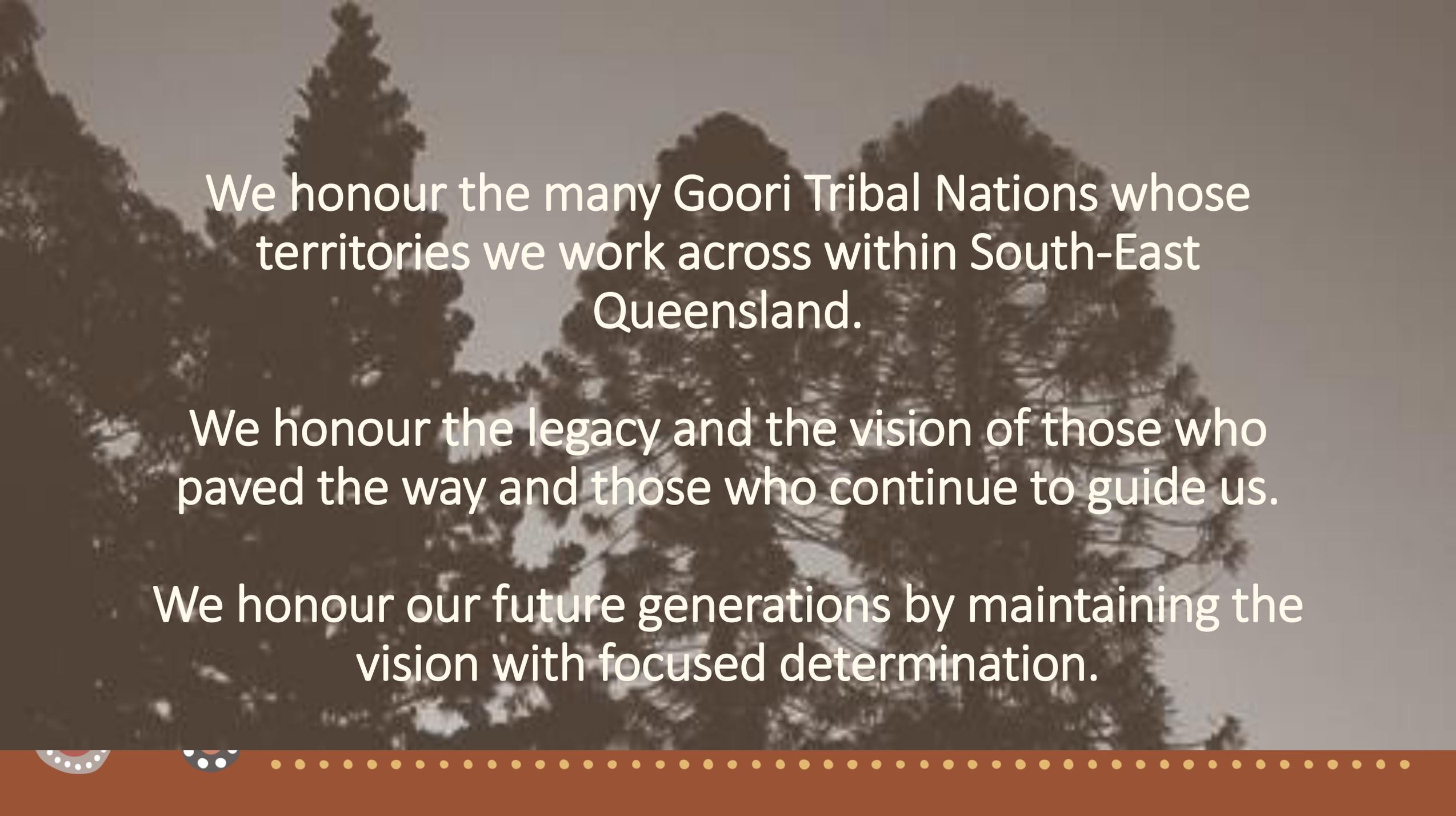
IN ACTION CONFERENCE

The Urban Respiratory Outreach Clinic (UROC)

Presenters –

Dr Halina Clare

Professor Peter Hopkins



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.

Scope of Presentation

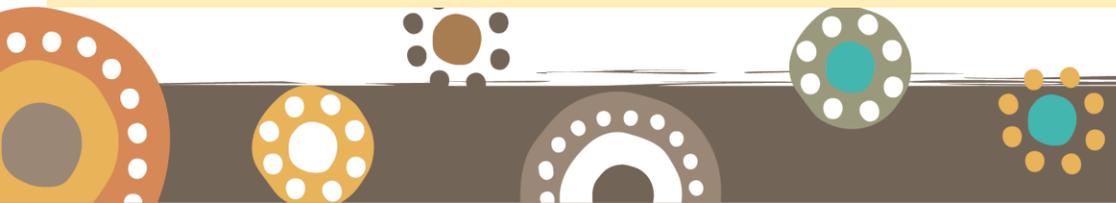
- Introduction to UROC
- How is the service working now that it has been well-established over 2 years?
- Other than being based in a community-controlled setting, how is the program reflecting Aboriginal and Torres Strait Island ways of working?
- What changes have or could be made to foster greater connections and collaboration?
- Are there barriers to the patient journey that still need to be overcome?



SEQ 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.



UROC Service

- Co-designed- Metro North Health in partnership with the Institute for Urban Indigenous Health (IUIH) / MATSICHS
- Respiratory Specialist and Respiratory Technician attend IUIH clinic to provide a weekly specialist respiratory services clinic
- Same day access to Respiratory Function testing
- Adults who identify as Aboriginal and Torres Strait Islander given the option to attend at a IUIH clinic closer to home
- Care-givers, family and Aboriginal support workers encouraged to attend and are very welcome
- Commenced in October 2022

Clinic locations

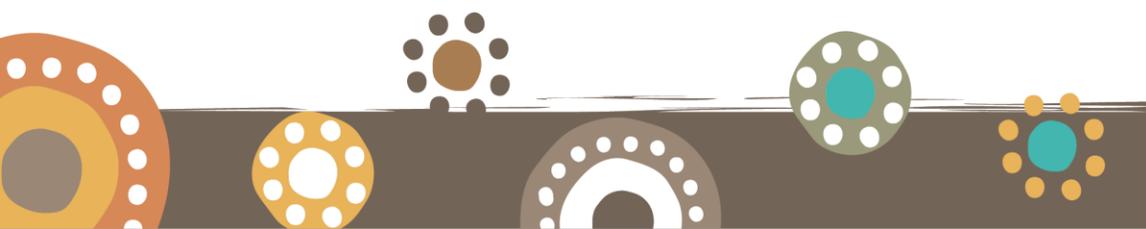
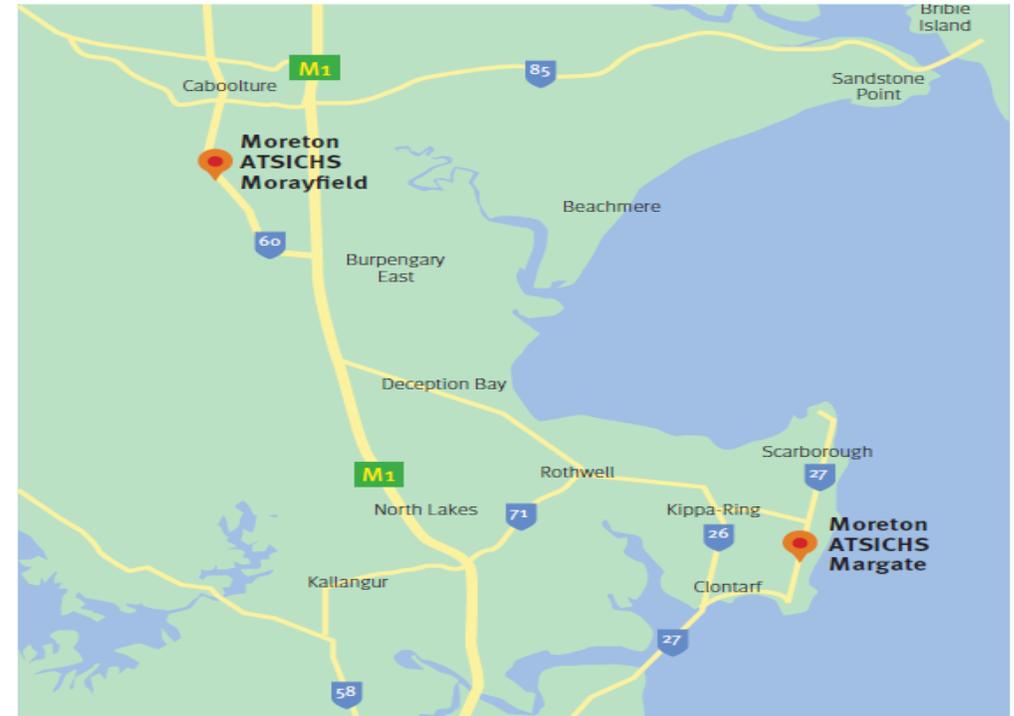
Moreton Aboriginal and Torres Strait Islander Community Health Service (MATSICHS)

MATSICHS Morayfield

10-20 Walkers Road, Morayfield
Phone: (07) 5429 1000

MATSICHS Margate

322 Oxley Avenue, Margate
Phone: (07) 3480 8100



Broadening of Scope

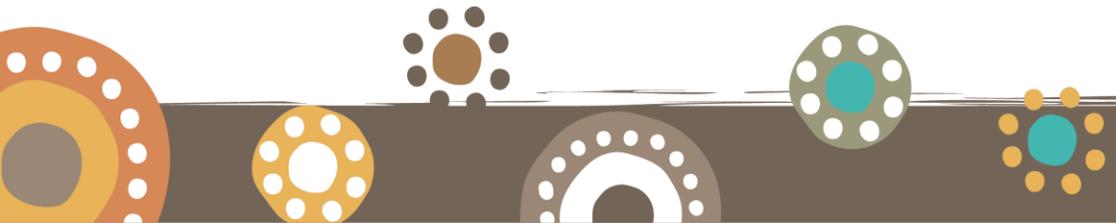
In scope

- Adults who identify as Aboriginal and Torres Strait Islander
- Referred for specialist respiratory services
- Willing to attend IUIH location

Out of scope

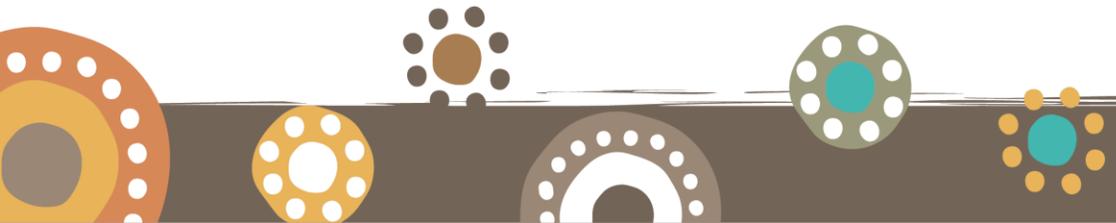
- Children's respiratory services
- Patients requiring more specialised healthcare better suited to an acute facility

Now all in scope for adults.



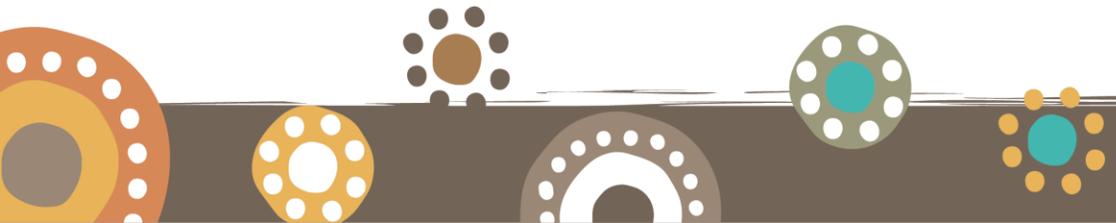
How is the Service Working?

- Addition of Open access to complex respiratory function testing without need to see specialist
- Centralised referral management system with collaborative working between administrative teams and no wrong door approach to referrals.
- Flexible appointment bookings
- One team approach – embedded in a primary healthcare setting (transport driver, admin, nursing, allied health, Aboriginal healthcare worker providing smoking cessation)
- All MN staff attending UIH Orientation
- Visual presentation supporting the clinical yarn
- Integration with Cardiac Services (HOPE)



Strengthened through Aboriginal ways

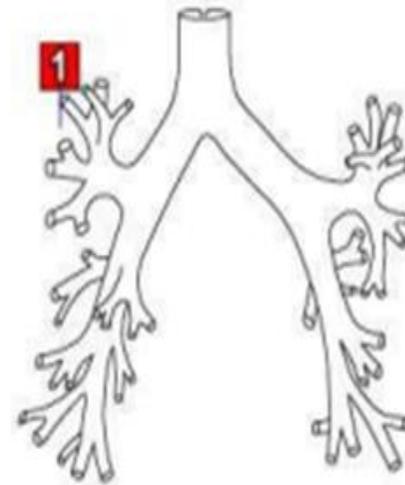
- **Seeing**- Founded in co-design with non-hierarchical relationships between specialist services and the clinics, striving to listen and overcome barriers
- **Knowing**- Shared learnings and openness to change. Ongoing meetings as an opportunity to continue to improve. Increasing scope. Building skills in primary care- lung function testing/ GP meetings. Integration and cross-referral to HOPE.
- **Doing**- founded on respect for staff and clients. Using connections to meet clients on admission and reflected in low failures of service rates. One team approach.
- **Belonging**- The right people in the role. Staff invested in UIH Orientation. Flexibility in scheduling and referrals. Creation of identified roles in MN staffing.
- **Being**- empowering clients to make decisions through the environment of the UIH clinic, visual supports in the yarns and involving Aboriginal Health Workers and clinic teams. Links with UIH Cardio/ Pulmonary rehab. Quarterly UROC yarning circle.



A patient's journey

Case Study 1

- **History of presenting complaint:** 63-year-old, six-month history of increasing cough, wheeze and SOB with small amount of haemoptysis 2 weeks prior
NOK daughter and past history of breast cancer
MATSICHS GP – patient seen within 1 week of notification
- **Consultation findings:** RUL mass on CXR and CT chest
- **Recommendation:**
EBUS bronchoscopy for tissue diagnosis performed 8 days later
Doing things differently - Indigenous liaison officer TPCH and specialist involved



Tracheobronchial Tree



1 Right upper lobe reBUS image



A patients journey

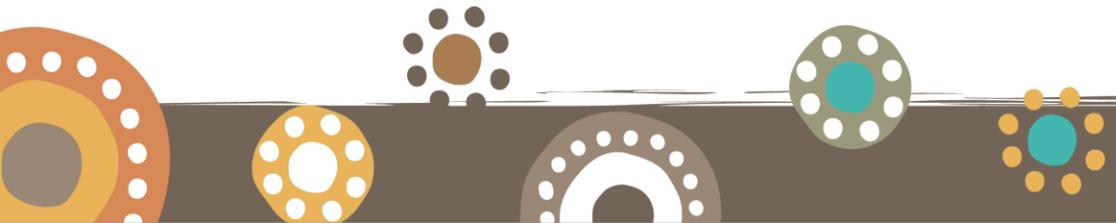
- FDG PET scan 12 days later (transport and time for caregiver to attend)
- Outcome:

Pulmonary malignancy conference 5 days after diagnosis – stage IIIA lung cancer

Chemotherapy started just 4 weeks after diagnosis

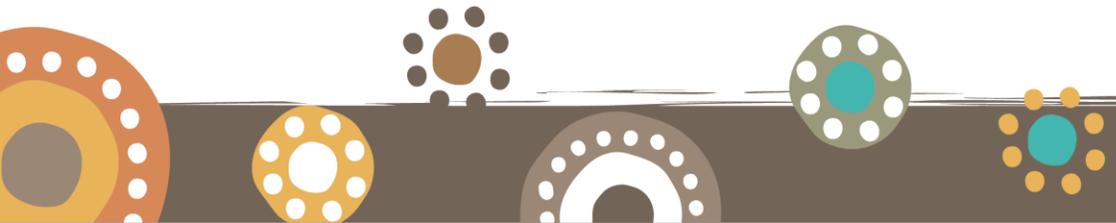
Lobectomy performed 3 months later

Timely letters of support provided for home services (GP and specialist) reduced inpatient stay



Are there barriers to the patient journey that still need to be overcome?

- Only 2 sites
- Restricted to a Monday
- Staff turnover and loss of “corporate” memory
- Medical notes / file
- Institutional racism



Questions

