

Reducing High Rates of Unplanned Hospital Readmissions among Aboriginal and Torres Strait Islander People with Chronic Disease

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BSc Sociology (Hons), MSc Demography and Health

A thesis submitted in fulfilment of the requirements for the
degree of Doctor of Philosophy in Behavioural Science

Submitted October 2021

This research was supported by an Australian Government Research Training Program (RTP)
Scholarship

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Acknowledgements

I acknowledge the sovereignty of Aboriginal and Torres Strait Islander Peoples as the original custodians of Australia and acknowledge and pay respect to Elders past, present and future.

I acknowledge the Aboriginal and Torres Strait Islander people who participated in the qualitative study for this thesis. It was a privilege to hear their stories and experiences. I also want to express my deepest gratitude to the Aboriginal and Torres Strait Islander members of the advisory groups for each study for my thesis. I particularly thank the staff of Nunyara Aboriginal Health Unit and Yerin Aboriginal Health Services for your time, ideas, for sharing and commitment to the communities you serve.

Thank you to my supervisors – Laureate Professor Rob Sanson-Fisher, Professor Mariko Carey, Dr Jamie Bryant, and Dr Christopher Oldmeadow. Thank you for your encouragement and support. I particularly express my thanks to Jamie and Mariko for your infinite patience and time providing feedback.

Finally, I would like to say a big thank you to Sujen, Holly, Joseph, Zach and Thomas. Thank you for your patience over the years, your encouragement and love. Thank you to Peter and Beverley Oliver, John Lawrence, and Sharon and Jayakody Vengadaselam for believing in me!

List of Publications Included as Part of This Thesis

Paper one

Jayakody A, Oldmeadow C, Carey M, Bryant J, Evans T, Ella S, Attia J, Towle S, and Sanson-Fisher R. Frequent avoidable admissions amongst Aboriginal and non-Aboriginal people with chronic disease in New South Wales, Australia: a historical cohort study. *BMC Health Services Research*. (2020) Nov 25;20(1):1082.

Paper two

Jayakody A, Oldmeadow C, Carey M, Bryant J, Evans T, Ella S, Attia J, and Sanson-Fisher R. Unplanned readmission or death after discharge for Aboriginal and non-Aboriginal people with chronic disease in NSW Australia: a retrospective cohort study. *BMC Health Services Research* (2018) 18:893.

Paper three

Jayakody A, Carey M, Bryant J, Ella S, Hussein P, Warren E, Davidson C, Bacon S, Field B, Sanson-Fisher R. Exploring experiences and perceptions of Aboriginal people readmitted to hospital with chronic disease in NSW, Australia: a qualitative study. *Australian Health Review* (2021) Aug;45(4):411-417.

Paper four

Jayakody A, Bryant J, Carey M, Hobden B, Dodd N and Sanson-Fisher R. Effectiveness of interventions utilizing telephone follow up in reducing hospital readmission within 30 days for individuals with chronic disease: a systematic review. *BMC Health Services Research* (2016) 16:403.

Paper five

Jayakody A, Passmore E, Oldmeadow C, Bryant J, Carey M, Simons E, Cashmore A, Maher L, Hennessey K, Bunfield J, Terare M, Milat A, and Sanson-Fisher R. The impact of telephone follow up on adverse events for Aboriginal people with chronic disease in New South Wales, Australia: a retrospective cohort study. *International Journal for Equity in Health* (2018) 17:60.

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Abstract

Aboriginal and Torres Strait Islander people, hereinafter respectfully referred to as Aboriginal people,^a have a rich heritage and diverse cultures. They have a strong connection to their community and country. However, Aboriginal people have suffered long-lasting effects from colonisation, dispossession of land and racism with devastating impacts, particularly for health outcomes. In Australia, Aboriginal people have up to three-fold higher rates of chronic disease compared to non-Aboriginal people. Given the high risk of frequent avoidable admissions and unplanned hospital readmissions for people with chronic diseases, it is not surprising that Aboriginal people also have higher rates of these types of hospitalisations compared to non-Aboriginal people. High rates of avoidable admissions and unplanned readmissions reflect sub-optimal community healthcare and poor hospital care. However, little research has explored these types of potentially unnecessary hospitalisations for Aboriginal people with chronic disease in Australia's most populous state of New South Wales (NSW).

This thesis explores frequent avoidable admissions and unplanned readmissions among Aboriginal people by focusing on three key aims. The first was to examine the prevalence and trends of frequent avoidable admissions and unplanned readmissions of Aboriginal and non-Aboriginal people residing in NSW, utilising linked hospital administrative data. International research examining the factors associated with unplanned readmissions in general populations indicate the importance of factors such as chronic disease management, a regular general practitioner, good health literacy and medication adherence. Therefore, the second aim of this thesis was to identify perceptions of Aboriginal people regarding potential contributors to chronic-disease-related unplanned readmissions. In-depth interviews were conducted with a sample of Aboriginal people who had been readmitted to hospital. Telephone follow-up has been used alongside other intervention components, such as tailored

^a The importance of using correct, respectful, and appropriate terminology for Aboriginal and Torres Strait Islander people is acknowledged. In keeping with NSW Health recommendations and acknowledging that Aboriginal people are the original inhabitants of NSW, where most of the data for this PhD thesis were collected. This thesis will herein use "Aboriginal people".¹

discharge planning and patient education, with the aim of reducing unplanned readmissions in surgical and general medicine patients. The final aim of this thesis was to examine the potential impact of telephone follow-up in reducing unplanned readmissions rates for patients with chronic disease. This involved a systematic review of the research literature on the impact of telephone follow-up, and an evaluation of a program utilising telephone follow-up for Aboriginal people. The implications of the findings of this work are discussed in relation to hospital and community health service practices and state-wide data monitoring. Further explorative research and a community-led multicomponent telephone follow-up enhancement intervention are proposed.