

Responding to the Syrian and Iraqi Crisis – A Local Refugee Health Partnership to Build an Integrated Care Response

Donata Sackey¹, Andrea Vancia², Meryl Jones¹, Leanne Schmidt³, Clare Brotherson¹

¹Mater Integrated Refugee Health Service, ²Brisbane South PHN, ³Metro South Refugee Health Service

Relevance

Contemporary example of outcomes of strong partnerships and integrated health networks can respond strategically, quickly and effectively to unexpected external pressures.

Context and Aims

The Australian Government announced an extra 12,000 humanitarian visas in 2015/16 due to the humanitarian Syrian and Iraqi crisis. Between 1 July 2016 and 30 June 2017, Metro South Refugee Health Service (MSRHS) received a 32% increase in arrivals. No additional resources were provided at the time.

Settlement and health service providers were stretched beyond capacity. Based on assumptions that the Syrian and Iraqi populations had higher health seeking behaviours (compared to other newly arrived communities), they were triaged directly to primary care.

In response, partners were engaged and invited to contribute to solutions address the capacity gap. A multifaceted project developed based on solid existing partnerships. Brisbane South PHN provided funding for three Mater Refugee Health Nurses (MRHNS) to collocate within three primary care practices in Logan one day per week. The Logan Refugee Health Capacity Building project was based on the Mater collocation model of care.

Analysis data highlighted systems required to implement the project:

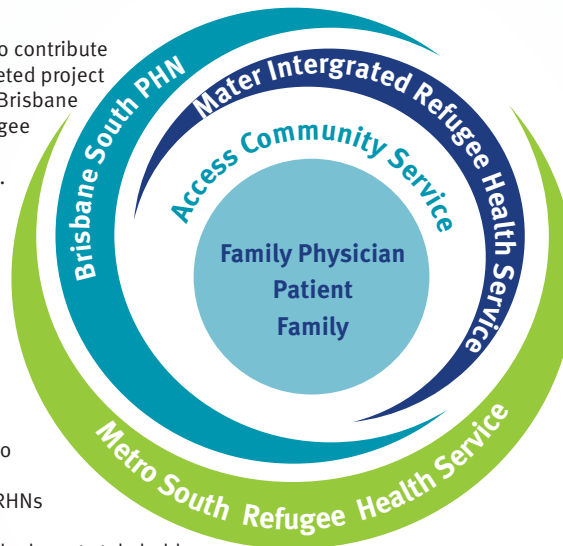
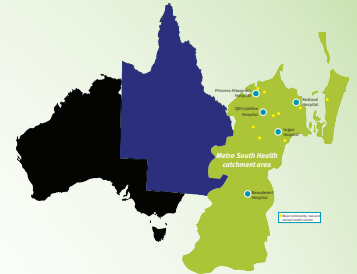
- Identification of the main settlement suburbs and “refugee ready” practices
- Interest and capacity was scoped of practices to participate
- Willingness to provide clinical space for the MRHNS
- Capacity for staff to up-skill
- Systems required to build relationships with all relevant stakeholders
- Establishment of patient referral pathways
- Coordination and triage, communication processes
- Risk management of fragmentation of care

Qualitative and quantitative data collected to evaluate effectiveness of the intervention included:

- Patient numbers
- Completion of refugee health assessment and routine referrals
- Completion of immunisation catch-up
- Feedback and recommendations were gained through semi-structured interviews with the practice teams

Innovative contribution to policy, practice and/or research

- Increased awareness of refugee health sector strengths
- Three general practices received intensive capacity building support
- Provided direction for future capacity building throughout our region
- Interconnectedness of the partnership enabled an effective response to significant system changes
- Learnings are transferrable to other sectors



Findings

- Additional timely resources are required when there is a planned significant increase in new arrivals
- Refugee health nurses can play a significant role in tracking patients' progress through the early settlement period to improve linkages with primary care providers to have their on-arrival health needs adequately addressed
- Twelve recommendations included having a whole-of-practice approach to building quality and sustainability to complete care; nurses undertaking the nursing component of health assessment; immunisation catch-up; and coordination of routine referrals
- Frequent staff turnover reduced consistency and was a barrier to embedding quality systems; continuous up-skilling of staff to manage staff turnover and build capacity was recommended
- Culturally appropriate health literacy programs are required to assist new arrivals understand the role of health services and manage patients' expectations of the Australian health system.



Refugee health: A specialised area of primary care

Patient-trust
Trauma-informed
Understanding-settlement-experience
Care-coordination Professional-interpreters
Complex-health Complex-immunisations
Culturally-appropriate Ongoing-care