Burn injury models of care: a review of quality and cultural safety for care of Indigenous children

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…what we know

• rates
  Moller et al 2017

• Culturally competent care = good outcomes
  Bainbridge et al 2015

• Burn injury needs specialist care
  Al-Mousawi et al 2009

• Quality guidance and care = good outcomes
  Joynt et al
...what we’re not sure about

Are the models of care that guide care for Indigenous children high quality?

And do they facilitate or mitigate culturally safe care?
A review of quality and safety

**Cultural Safety**
- Reflexivity
- Dialogue
- Power
- Decolonisation
- Regardful care
  
  *Taylor & Guerin 2014*

**NHMRC Standards**
- Clinical justification
- Multidisciplinary
- Conflicts
- Scientific evidence
- Recommendations
- Navigation
- Consultation
- Dissemination
  
  *NHMRC 2011*
Results
Locating cultural safety

- **Reflexivity** (4) highlighted the need for health professionals to reflect on their practice.

- Concepts of **dialogue** (5) related to all aspects of the burn care journey.

- **Power** (5) as a cultural safety principle in minimising power differentials and maintaining human dignity.

- Consideration of **decolonisation** (4) by acknowledging a colonising history in contemporary health outcomes.

- The provision of **regardful care** including holistic care and culturally sensitive care.
Assessing for quality

- Clinical justification for a burn injury model of care
- Developed by teams of multidisciplinary healthcare professionals
- No declaration of potential writer conflicts
- Difficult to assess scientific evidence
- Recommendations in plain English
- For ease of navigation, documents were separated
- Consultation and review was different
- A plan for dissemination was not recorded
What does this mean?

Gaps concerning safety and quality exist

No explicit guidance

There is a need for investigation of current practices

Is cultural safety facilitated or mitigated by the application of the guidance?
...moving forward

**Methodology:** Interface research

**Method:** Face-to-face semi-structured interviews completed with 80 participants across six tertiary paediatric burn units in Australia.

**Data Analysis:** Inductive thematic analysis for description and meaning; with a cultural safety lens.

**Plan:** Engage burn clinicians in a roundtable and inform the development of a culturally safe burn injury model of care.
References


Thank you