Multicultural Health Services and Cancer Services Forum

Multicultural Access Project to support culturally responsive service delivery and add positive impact to patient journey for Culturally and Linguistically Diverse consumers and carers at the Nepean Cancer Care Centre

Gordana Kostadinovska and Louise Maher, Nepean Blue Mountains Local Health District

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I would like to acknowledge the Darug, Gundungurra and Wiradjuri people, the traditional custodians of the land that we work on.

I pay my respect to the Elders past and present, and extend that respect to other Aboriginal people here today.





CALD Patient Journey Mapping: Multidisciplinary Comprehensively understood the service entry points for CALD and ATSI patients. Recognised administration staff as the first points of contact.

Retrospective Study: Identified the need for a deep dive into patient records to have evidence to support or refute the anecdotal evidence. Identify the documentation of interpreter need.

CALD Specific Patient Data and Staff Consultation for Nepean Cancer Services: under-utilisation of Interpreter services and translated resources



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The Way Forward

- Bringing Structure: Establish the Multicultural Access Steering Committee - multi-disciplinary team members focused on exploring CALD related service gaps
- CALD Consumer Group:
 Recognised the need for a dedicated and focused space for consumer's input for the project



Retrospective Study to explore themes, trends and gaps in service provision and delivery for CALD population



Findings

- Exploring Best Practice for Interpreter Utilisation: The study clarified the inconsistent interpreter access gap; primarily for the patients first appointment - unidentified CALD patient presenting for their first appointment. A family member is sometimes utilised for interpreting or patient rebooked with an interpreter for another appointment (Improve finite resource utilisation).
- 2. Critical Time Points in Cancer Patient Journey:
 Recognised first medical appointment as the essential communication juncture



To embed Culturally Responsive Practices for better patient experience and outcomes by supporting patient-clinician communication

Received funding from CI NSW Innovation Grant

Objectives

- 1. Early identification of CALD and ATSI patients to improve interpreter access
- 2. Maximise use of translated resources
- 3. Create a pathway for CALD consumer input









Actions

- Early Identification:
 - Developed and implemented an Electronic Cultural Initial Assessment (CIA) with 4 CALD and ATSI related questions identifying the need for an interpreter
 - Staff Training
 - MOSAIQ alert (QCL) for all staff accessing / editing a patient's file of the need for an interpreter
- Patient and Staff Evaluation: QI application
- Access to Resources: Desktop links to CALD resources
- Established Cultural Consumer Advisory Group: 8 CALD and ATSI cultures including people with low English reading / writing proficiency,
 Co-Design training, consumer to staff Ratio

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Outcomes and Achievements

- Increase CALD patient identification (28% NCCS vs. 25% NBMLHD)
- Additional new ATSI patients identified (3.5 NCCS vs. 3.2% NBMLHD)
- Increase by 36% for CALD patients having an interpreter at CTP (first appointment at NCCC)
- Consumer Achievements: Actively providing Quality improvement checks on 4 project documents (CIA, Transport Brochure, PSS, Study), FECCA conference (2021) requested poster display on 'Walking the Talk' on active CALD consumer participation and consumer co-reported on the project updates to the NBMLHD Multicultural Governance Committee
- **NSW Health Awards:** Sole entry from NBMLHD under Transforming Patient Care category
- Future work on the NCCC Multicultural Implementation Plan based on the NSW Plan for Health CALD Communities 2019 2023

MAP :: Challenges and Helpful Tips



Executive and Staff Buy in

Consistent effort for prioritising the CALD focussed work.

Tips:

Showcase impact made to patient journey e.g. underestimating the number of CALD people attending NCCS.

Ask wider staff if they have noticed an impact on patient journey

Apply for Awards and make presentation of project at high level meetings

Select Chair from within the service and not from Subject Matter Expert

Key selling point is process change does not impact on work load but rather simplify the process e.g. less number of clicks

Sustainability (BAU):

Update orientation packages for all staff.



Choosing the best possible pathway

Efficient use of resources

Tips:

Use of technology for service quality

improvement

EOI for staff interested in making a difference and noted that there is challenges in practice for themselves as clinicians working with CALD and ATSI population

Clinician led project

to have ownership of the project and motivate to make a difference

Staff learnings from other workplaces that had a higher percentage of CALD population



Unplanned Challenges

Evaluation: Change in process for Ethics / Research Apollo application

COVID: Additional workload and access to interpreter only via phone or video

Tips:

Flexibility in planning and implementing:
Plan a timeline for change.





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MAP :: Challenges, Learnings and Helpful



Funding to drive sustainable outcomes

Tips:

Unique Cultural
Consumer
Advisory Group:
members without
email address/low
reading/writing
English ability.



Structured Approach

Addressing large gaps with small steps towards bigger picture

Tips:

Identify **Critical Time Points** for
Interpreter use in
patient journey

Collaboration between Nepean Cancer Services and Multicultural Health Service



Other

Data sometimes isn't accurate representation of the CALD and ATSI population and hence it is ideal with the population growth to assume slightly higher number when service planning.

Identify a Project name: Clearly reflects the activities





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MAP :: Project Transferability / Scalability

- Transferrable Identification through
 MOSAIC: Capable of incorporating the questionnaire and support identification in practice. Welcome for exploration for other specialities with different electronic platforms
- Cultural Identification Assessment (CIA)
 Tool: Simple and effective in use
- Cultural Consumer Group



