Multicultural Health Services and Cancer Services Forum

Culturally responsive and safe care in cancer services

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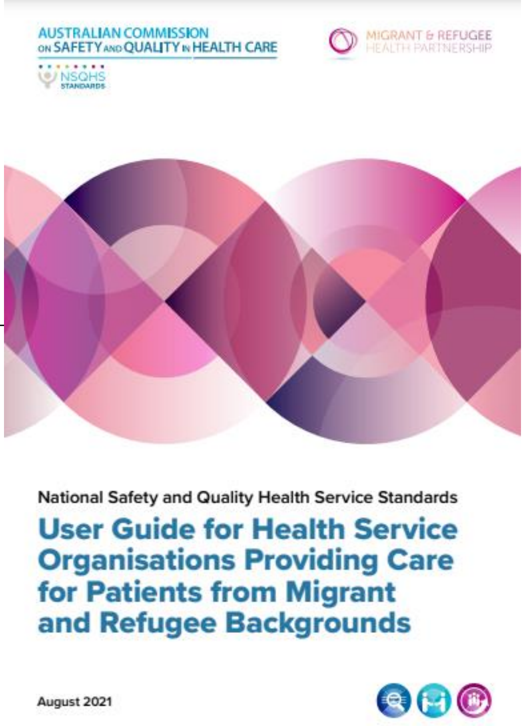
Culturally responsive and safe care: key considerations for cancer services

NS&QHS Standards

Standard	Criterion	Item	Action
Clinical Governance	Patient safety and quality systems	Diversity and high-risk groups	1.15
	Clinical performance and effectiveness	Quality and safety training	1.20
Partnering with Consumers	Health literacy	Communication that supports effective partnerships	2.8
	Partnering with consumers in organisational design and governance	Partnerships in healthcare governance planning, design, measurement and evaluation	2.11
Comprehensive Care	Developing the comprehensive care plan	Developing the comprehensive care plan	5.13



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
NSQHS STANDARDS
MIGRANT & REFUGEE HEALTH PARTNERSHIP

National Safety and Quality Health Service Standards

User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds

August 2021

Elements for consideration

Standards	Elements for consideration
Clinical Governance	- Identification - data collection
	- Planning and delivery of care – clinical level
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	- Training – cultural responsiveness
Partnering with consumers	- Health literacy - written
	- Health literacy - spoken
	- Inclusive consumer participation
Comprehensive care	- Addressing social complexity
	- Negotiating treatment plans
	- Discharge and referrals

Identification - data collection

Service level:

- routinely collected indicators include country of birth; language spoken, need for an interpreter

Clinical level:

- ethnicity; migration history; visa type; settlement issues; decision-making preferences; use of traditional medicines; cultural identity

Clinical trials:

- Other factors: Years in Australia; English language proficiency

Planning and delivery of care - clinical level

- Documentation and consideration of: ethnicity; migration history; visa type; settlement issues; decision-making preferences; use of traditional medicines
- Language supports: interpreters, translated patient information
- Cultural supports: involvement of family and other decision-making supports
- Patient reported measures: in-language measures and responses

Planning and delivery of care – service level

Measure and report:

- People not accessing the services/trials/groups (patient vs population profiles)
- Patients experiencing poor outcomes by CALD indicators
- Disparities in quality indicators be CALD indicators

Implement:

- Targeted quality improvement projects
- Welcoming environments: supportive wayfinding; privacy considerations; dietary options

Clinical Governance

Training - cultural responsiveness

Components:

- Data collection
- Language supports
- Cultural supports/patient centred care

Health literacy - written information

- Maximum reading age for patient information: 11 years
- Co-design of patient information
- Culturally sensitive images
- Translations using NAATI accredited translators; based in Australia
- Focus testing with consumers/community members
- Culturally relevant distribution/dissemination – community information

Health literacy - spoken information

- Health care interpreters: face to face, telephone or video conferencing
- Bilingual staff – simple communication
- Use of Teach Back to check comprehension

Inclusive consumer participation

- Consumer participation reflects diversity of the community/population
- Consumers: patients; clients; carers; community organisations supporting CALD communities; community members
- Multiple ways of engaging, recruiting and supporting consumers
- Consumer engagement across the spectrum: inform, consult, involve, collaborate; co-design and co-produce
- Challenges: low trust in government services; high levels of stigma; provision of language support

Comprehensive Care Considerations

- Addressing social complexity
  - as relevant to patient outcomes as clinical complexity
- Negotiating treatment plans
  - Negotiation that takes into account patient’s health beliefs and cultural practices
  - e.g. LEARN model: (listen, explain, acknowledge, recommend, negotiate)
- Discharge planning; referral and follow-up:
  - Cultural identity (bilingual/multicultural or mainstream services)
  - Service education and navigation supports (low health literacy; newly arrived)

Discussion

In your table groups, think about how the elements presented fit with the cancer services you are most familiar with.

Please discuss:

1. Which three things are currently embedded and working well in cancer services?
2. Which three things need urgent improvement?
3. Reflecting on the elements presented, is there anything missing?