

# Multicultural Health Services and Cancer Services Forum

***Walking the journey together:  
Breast Cancer Concierge Program for CALD women***

**Su Kim and Traci Cook, Sydney Local Health District**

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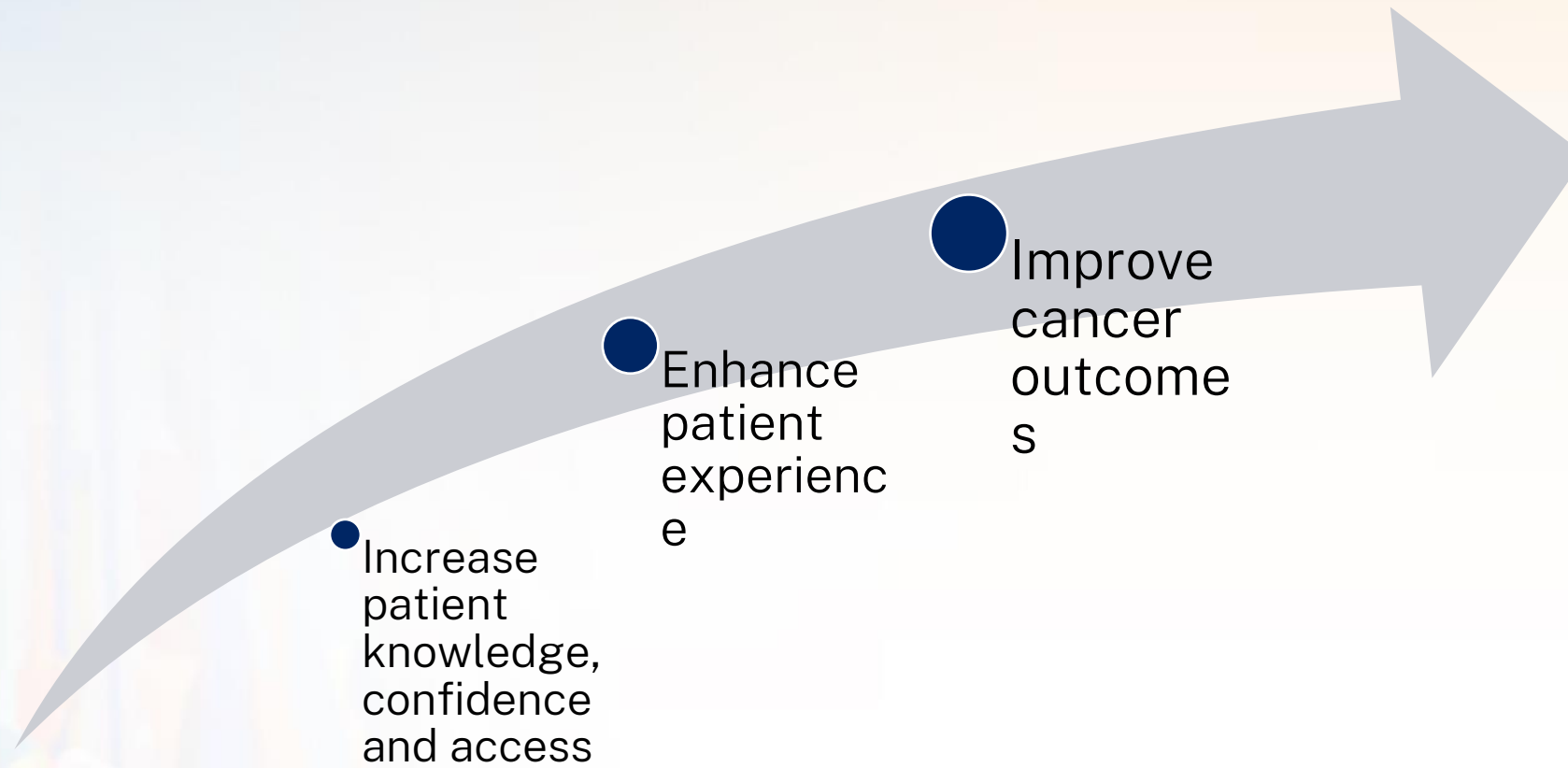
# Walking the journey together: Breast Cancer Concierge Program (BCCP) for CALD Women

Su Kim and Traci Cook  
Sydney Local Health District

*We would like to acknowledge the traditional custodians of the land that where we are meeting today.*

*We pay our respects to the Elders past and present, and extend that respect to other Aboriginal people here today.*

# Project Aim and Objectives



# About Breast Cancer Concierge Program (BCCP)

## Support delivery models

- **Culturally responsive practice** providing one-to-one, in-language support through allocation of a trained concierge who speaks the patient language and understands their culture
- **Patient-centred care** offering tailored support to meet the needs of individual patients from CALD backgrounds
- **Telephone-based intervention** supporting patients through regular phone calls for up to six months
- **Complements** existing support systems and services

## Scope of support provided

- **Provided regular contacts** to understand patient concerns through a cultural lens and offer support in the patient language
- **Assessed the patient's understanding** of the information, treatment options and care received by the treatment teams
- **Provided language appropriate information and tailored explanation** based on the patient's health literacy level
- **Empowered patients** to express their needs and alert treating teams of additional patient needs
- **Referred patients to appropriate allied health and support services** to meet identified patient needs

# Project Phases

## Planning and development Nov 2020 – Feb 2021

- Working group established with SLHD Cancer Services
- Consulted target community groups/health professionals
- Developed a concierge training program with SLHD Cancer Services
- Recruited and trained 15 bilingual concierges
- Developed promotional flyers for health professionals and patients (in-language)

## Implementation Mar 2021 – May 2022

- Program promotion: cancer clinicians/CALD patients
- 23 patients receiving cancer treatment at Concord Hospital were referred to the program by Breast Care Nurses.
- 21 of 23 referred patients were enrolled in the BCCP (7 Korean, 9 Chinese, 3 Arabic, 1 Italian and 1 Vietnamese)
- 177 support phone calls made to patients

## Evaluation May 2022 – Aug 2022

- Conducted a stakeholder consultation facilitated by an independent consultant
- Collected process indicators
- Conducted a qualitative evaluation study through semi-structured interviews with patients, bilingual concierges and health staff involved in the program (approved by the SLHD Ethics Review Committee)

# Resources Required

- **Human resources**
  - **A project working group with a mixed- skill set** including a program lead, a coordinator, an early Breast Care Nurse Consultant, a metastatic Breast Care Nurse Consultant, a Cancer Connected Care Coordinator, a Senior Social Worker and a Health Promotion Officer + support from hospital-based social workers
  - **A team of bilingual concierges (15)** with extensive knowledge and experience working with CALD communities
- **Financial resources:**
  - **Cancer Institute NSW grants (\$30,000)**
  - **SLHD's in-kind contributions** for delivering training, concierge supervision, administrative support and program evaluation
- **Time resources:**
  - **More than 2.5 years time invested** in project planning, development, implementation, evaluation and communication of evaluation findings

# Program Strengths

<ul style="list-style-type: none"><li>• High acceptability and satisfaction among CALD patients enhancing patient engagement and experience</li></ul>	<p><i>From my overall experience with the program, I would like to give 10 out of 10. Nothing I can compare with my concierge's support. She (concierge) was always there to talk with me and supported me and understood me. When I requested something, she came back to me very quickly with appropriate answers or information (Patient ID 4).</i></p>
<ul style="list-style-type: none"><li>• The program model: A culturally responsive, tailored and phone-based intervention</li></ul>	<p><i>I think the model is excellent, all the women I've referred, I thought that they've got a lot out of it. I think it's so good to be able to give them that extra support in their own language, definitely... that's the beauty of the program. They're not opening up to me. They're opening up to someone who speaks their own language. So I mean, I can't complain (Staff - Breast Care Nurse, ID 20).</i></p>
<ul style="list-style-type: none"><li>• Strong intra and inter relationships and partnership</li></ul>	<p><i>I like a team approach understanding the patients' barriers... I think the project team works really well. This is a really good opportunity to work cancer services, nursing staff with Diversity Hub, concierges, and social workers on that end. And there's not a lot of opportunity to work together. So this is a really good project (Staff in Cancer Services management role, ID 23).</i></p>
<ul style="list-style-type: none"><li>• Effective operational processes</li></ul>	<p><i>The regular supervision was very helpful and I felt like I was supported also, not just to provide support for my client. Whenever I needed to ask something or to get more information I got it from my supervisor (Social Worker at the Diversity Hub). You feel like</i></p>

# Implementation Barriers and Challenges

<ul style="list-style-type: none"><li>• Lack of clarity about the concierge's role</li></ul>	<p><i>Because maybe as a new program, we didn't know exactly where our boundaries or limits were, how much we can, we can't do. This was what hindered us so. (Concierge, ID 14).</i></p>
<ul style="list-style-type: none"><li>• Patient confusion during referral and enrolment into the program</li></ul>	<p><i>Because of surgery I had, I felt fatigue at that time so I just had a quick look at the (BCCP) pamphlet and did not see the details (Patient, ID 5).</i></p>
<ul style="list-style-type: none"><li>• Variation in the time at which patients were introduced to the program</li></ul>	<p><i>I only found out about concierge support after my chemo treatment completed. Actually I needed help the most during chemotherapy. I got tired and felt quite unwell. However I only had chances to communicate with doctors and nurses in English and couldn't understand well. So, when patients are in the hospital or undergoing chemo treatment or having surgery, providing (concierge) support in the patient language will be more helpful (Patient, ID 6).</i></p>
<ul style="list-style-type: none"><li>• Limited allied health support for cancer outpatients</li></ul>	<p><i>It's just tricky sometimes when they are outpatients. I might get that e-mail today, but I might not be able to follow up with that when until this time next week, or the week after, because the referrals are financial assistance and linking them into transport services to get to treatment...and in terms of our social work department and our priorities, unfortunately, financial assistance and those sorts of things are not priority. Obviously they are very stressful scenarios for these women but in terms of our caseload, it's just not doable to follow up with. (Hospital Social Worker, ID 25)</i></p>



## Learnings and helpful tips

- Developing a stakeholder-driven **protocol** that describes the role of the **concierge** in breast cancer care settings
- Creating **scripts for referring clinicians and concierges conducting intake phone calls** to ensure patients are provided with consistent information about the program and are clear on the extent and limitations of the concierge role.
- Including the **Social Work Department as a key partner** from the project planning stage
- Developing a **resource booklet** that includes a list of psychosocial support services (including CALD specific /in-language services) and **ongoing training programs** on determining appropriate referral pathways for concierges

## Program sustainability and scalability to other cancer streams/services

- **Financial sustainability:** The pilot stage was completed in May 2022 and the program was extended by 12 months through stakeholders' agreement. At present, the BCCP is being run within the Diversity Hub's resources and in-kind support from SLHD Cancer Services.
- **Well-established experiences and resources:** SLHD Diversity Hub's Cultural Support Program consisting of 120 casual Cultural Support Workers across 30 community languages and its long standing HIV Client Support Program
- **Potential for further program expansion** into more language groups and/or other cancer streams

## Key contact details for delegates to find out more information

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