Culturally responsive care and safe care in cancer services round table discussion summary

Majority of delegates thought the forum provided a greater understanding of culturally responsive care. Delegates learnt that there is much to be considered when delivering culturally responsive care, such as social complexity and understanding cultural norms; and those activities should be multifaceted and done in consultation with patients and families.

"Cultural Response Care in cancer services is very multifaceted and requires an in-depth record of patient information and lifestyle, and liaising with the patients' family." Consumer Representative

Table discussions benefited from the range of perspectives. The theme of patient journey came up in discussion throughout the day. That is, solutions need to take into account consumers' broader journey, social complexity, and services should operate holistically. Some presentations discussed how consumer voices were in their rationale and design of solutions, keeping in mind consumers come from a range of CALD communities and have personal preferences.

"Cultural beliefs as well as lived experiences play a large role in how people from multicultural backgrounds interact with health services." local health district *(LHD) Cancer Services Staff*

Setting up the right governance and support was an important feature in the presentations and discussions, that executive staff must sponsor activities to have access to resources but to also normalise culturally responsive care across all operations.

During the workshop delegates were asked to discuss three questions at their table:

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?

Scribes took notes of each tables' discussions, and below is a summary of all the tables' discussions. Please note that the below only displays personal views from the day.

Which things are currently embedded and working well in cancer services?

Gradual improvement of patient data

"We are improving on data capture through having good processes in place."

- Some LHDs have improved systematic and consistent recording of patient demographic information into electronic medical records and have built these new processes through Cancer Institute grant projects. Not having this basic understanding of different patient groups can make it very difficult to 'see' who and how to improve.

Relationships and diverse workforce

“Good working relationship with multicultural health units at Local Health District and employees feel comfortable with reaching out for knowledge and resource sharing”

- It was acknowledged that collaboration between teams is important to learn from each other, model ways of working and share different expertise in providing culturally appropriate care. Having a diverse workforce adds to this knowledge exchange and benefits multicultural communities receiving care. Interpreters work well when the need is identified and interpreters are accessible.

Which things need urgent improvement?

Information systems and patient information

- Having disparate systems means information regarding cultural background is not carried forward or updated into other systems (medical record and Mosaiq/ Aria).
- Capturing the patient’s need for an interpreter does not work easily in systems and does not transfer to other systems.
- Data and reporting used to inform solutions and demonstrate value of interventions.
- Systems need to be tailored to incorporate different data fields (Language, country of birth, age, religion) and quality control processes. Data fields should be expanded to include:
    - Questions to capture proficiency of English
    - “Which language other than English do you speak at home?”
    - Recruitment of Culturally and Linguistically Diverse (CALD) communities/ multicultural populations in clinical trials.

Staff support and training

“Need for early intervention and communication to support patients – often overwhelmed at initial diagnosis – really need to come back again to discuss situation and understand what is going on.”

- Culturally responsive care training is needed to enable staff to ask the patient the right questions at the right time, and to collect the right information. Training is needed on how to identify patient health literacy, language proficiency, complexity and respond appropriately.
- Staff require support to know how to incorporate person-centred care into all parts of the service delivery, and include a social complexity lens at each step.

Funding and resourcing

- Better funding and resourcing for interpreter and translation services, and multilingual multicultural workers is needed. Early and effective communication is hindered by translated resources not being accessible e.g. still in medical language, not taking into account patient proficiency in their language.
- Equity of funding for multicultural programs/interventions is needed for different cancer streams and regional/rural locations.
- Resourcing needs improvement, this should include appropriate re-imbursement of consumer consultants.

Collaboration

- Healthcare needs to have stronger connections to CALD communities to understand their needs, and a greater collaboration between service providers in order to improve their cancer outcomes

Reflecting on the elements presented, is there anything missing?

- There was a comment about communication between health practitioners/service and patient and family across the cancer journey.
- Better systems and mandatory training which can improve communication and ensure patients have the information they need early.
- Collaboration is another theme, that team-based approaches can offer patients a more comprehensive service.
- Also, that consumers' voices and perspectives need to be considered in all aspects of care and the supportive processes.