

# Cultural responsiveness plan

## Preamble:

This plan has been developed in line with REDHS Strategic Plan, including organisational values of Respect, Quality, Duty and Integrity when delivering services in our community. This plan also aligns with our obligations to meet and maintain multiple accreditation requirements.

This document outlines achievements against the Cultural Responsiveness Framework Standards; identifies any gaps and actions to address those gaps. Where REDHS has achieved against the standards, we have examined the sub-measures to identify areas for improvement. Sub-measures that are coloured grey have been examined, however no actions identified at this stage, this will be done as REDHS makes achievements against the standards. These arrangements have been directed by the Department of Health as a means of transitioning from the previous "Cultural Diversity Plan" to the new "Cultural Diversity Framework."

## Domain 1 - Organisational Effectiveness

### Standard 1 - A whole-of-organisation approach to cultural responsiveness is demonstrated

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
1.1 The Health Service has developed and is implementing a Cultural Responsiveness Plan (CRP) that addresses the six standards of the framework.	1.1 Reviewed existing Cultural Diversity Plan, identified the gaps between it and new Cultural Responsiveness Framework (CRF)	CRF Action Plan based gaps identified	Strategies to address gaps identified are contained within this document. Need to obtain Board of Management (BOM) approval for plan	Action Plan, based on gaps identified, approved by BOM	Dec 2010	2010/11 2012/13
1.2 The Health Service reports on the cultural responsiveness standards in the Quality of Care Report	1.2 Reported on progress against these standards in our 2009/10 Quality of Care Report	Nil	Ongoing progress reporting	Mandatory reporting requirements met	Dec 2011	
1.3 The Health Service has a functioning Community Advisory Committee (CAC), Cultural Diversity Committee (CDC) or other structure demonstrating CALD participation and input.	1.3 Cultural Diversity Committee (CDC) in place with mechanisms to develop, implement, monitor and evaluate action plans	Consultation on CRF Action Plan	Circulate CRF Plan for consultation prior to BOM in December 2010	CDC input into draft CRF plan included in plan that is presented to BOM	Dec 2010	
1.4 The Health Service has implemented the Department of Health's Language Services Policy	1.4 Department's Language Services Policy implemented that includes procedures for providing translation services.	Nil	Include language services in all new employee inductions	New employees are informed of language services available.	March 2011	

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
<b>Sub Measures</b>						
Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers.	<ul style="list-style-type: none"> <li>CALD Policy &amp; Procedures developed, implemented and communicated to staff</li> <li>CALD Kits readily available at Nurses Station</li> </ul>	Training of staff in Urgent Care Centre	Provide specific training to staff working in Urgent Care Centre	Urgent Care Centre staff familiar with CALD Resources & use them as and when required.	March 2011	
Allocation and specification of financial resources for cultural responsiveness.	Not applicable, but finances accessible if required	Training resources	Review as part of budget planning	Service support for CALD clients functions as required	May 2011	
Development of appropriate information technologies and strategies for data collection, reporting and sharing information on cultural responsiveness.	<ul style="list-style-type: none"> <li>New patient management systems (PMS) collect information that would be useful</li> <li>Liase with Campaspe Primary Care Partnerships (PCP) who monitors local demographics to inform future direction.</li> </ul>	Analysing information collected through patient databases	Collate and analyse information provided by new IT systems to inform future requirements	Information collected by patient databases is analysed to inform future direction. Future direction planning captured as a part of annual budgeting process.	May 2011	
Monitoring of community profile and changing demographics supported by employment of relevant in-house interpreters, appropriate translations and signage.	<ul style="list-style-type: none"> <li>Reviewed Campaspe PCP local demographics</li> <li>Consulted Australian Bureau of Statistics (ABS) data to confirm cultural diversity within our local community</li> </ul>	Seasonal fluctuation occurring during harvest time	Identify common languages of seasonal workers, prepare ready access to CALD resources in those languages	CALD resources available in languages of seasonal workers who may access our service	August 2011	
Partnerships with multicultural and ethno-specific community organisations in the area/region are developed and maintained.	Links to Njernda Aboriginal Co-operative.	Strengthen relationship with local indigenous organisations	Develop relationship with local indigenous services to assist in developing models of care that best meets their needs. (e.g. Random House)	Better informed about services that would meet the needs of local indigenous community members.	March 2011	

**Standard 2 - Leadership for cultural responsiveness is demonstrated by the health service**

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
2.1 Percentage of Senior Managers who have undertaken leadership training for cultural responsiveness	All Senior Managers attend Annual Training Day that includes a session on Cultural Sensitivity	Keeping Managers up to date with changes	Circulate minutes of CDC; provide information sessions as required. <i>(i.e. new resources; changes to demographics, etc.)</i>	Managers kept informed of any developments.	Annually	2011/12 2012/13
<b>Sub Measures</b>						
Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers.	See Standard 1, Sub-Measure 1 above					
An executive staff member has portfolio responsibility for cultural responsiveness and KPIs against the Cultural Responsiveness Plan.	<ul style="list-style-type: none"> <li>HR Manager has portfolio responsibility;</li> <li>KPI's against plan monitored at Executive level</li> </ul>	Stronger reporting process to BOM	Report to BOM on achievements against CRF Plan as part of Quality of Care Report	Board Members informed of progress against CRF Action Plan	Annually	2012/13
Employment of a cultural diversity staff member where 20% or more of health service patients are of CALD background						2012/13
Training opportunities for senior managers on: <ul style="list-style-type: none"> <li>Culturally responsive service delivery strategies</li> <li>Conducting organisational cultural assessments / audits</li> </ul>						2012/13

## Domain 2 - Risk Management

### Standard 3 - Accredited interpreters are provided to patients who require one

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
3.1 Number of CALD consumers/ patients identified as requiring an interpreter and who receive accredited interpreter services against the number of CALD consumers/patients presenting at REDHS identified as requiring interpreter services.	There were two CALD consumers/patients identified as requiring an interpreter, neither of whom were provided with accredited interpreter services, but accessed services from support person who presented with the patient.	Available CALD resources not accessed	<ul style="list-style-type: none"> <li>Deliver specific training to staff in Urgent Care Centre</li> <li>In consultation with staff, develop prompts to keep these resources in front of mind when CALD consumers access the Urgent Care Centre</li> </ul>	All staff who work in Urgent Care Centre access CALD resources when appropriate	May 2011	2010/11 2011/12 2012/13
3.2 Number of community languages used in translated materials and resources against the total number of community language groups accessing services provided by REDHS	<ul style="list-style-type: none"> <li>Familiar with Centre for Cultural Diversity in Ageing who have services available to produce written translations of any Aged Care material.</li> <li>Aware that Department of Health can produce literature in other languages.</li> </ul>	No materials or resources available in languages other than English	Identify materials and resources required to be provided in other languages as well as languages that would be appropriate to REDHS	Relevant materials & resources available in appropriate languages	Sept 2011	2010/11 2011/12 2012/13
<b>Sub-Measures:</b>						
Implementation of the Department of Health's Language Services Policy	See standard 1, point 4 above					
Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers.						
Documentation of lack of provision of interpreters and reasons why (including face-to-face and telephone interpreting)		No system developed to capture this information	Develop system to capture this information	Executive are advised of reasons why interpreters are not provided when required	March 2011	
Audit of documentation of provision/use of interpreter in medical files						
Policies on consent include directions about the role of interpreters and family.	CALD policy includes directions about the role of the interpreter and those that should not be used as interpreters	Nil				
Feedback from patients on the use of interpreters in decisions about treatment and care planning						

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
Evidence of appropriate translations, signage, commonly used consumer / patient forms, education and audio visual materials, in languages other than English for predominant language groups utilising the service						
Quality / Risk Management Committees develop initiatives to track miscommunication errors for CALD consumers/patients						
Number of cases reported through 'adverse event' reports related to communication issues for CALD consumers / patients.						
Number of complaints lodged by CALD consumers / patients						
Strategies in place to communicate with CALD consumers / patients even when the CALD demographics are low.	Have downloaded Health Translation Directory tool, "Find Your Language" to assist in identifying the language spoken to be used in our Urgent Care Centre	No strategies in place	Develop strategies to sustain awareness of CALD requirements in an environment where CALD consumers are low	CALD consumers / patients accessing REDHS' services in a culturally appropriate manner at all times	March 2011	
Research conducted into outcomes of CALD patient care needs (for example comparative studies between English Speaking and Non-English Speaking patients regarding length of stay, emergency presentations, diagnostic tests, failure to attend appointments, evaluation of post consultation outcomes, etc.)						

**Domain 3 - Consumer Participation**

**Standard 4 - Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices.**

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
4.1 Number of CALD consumers/patients who indicate that their cultural or religious needs were respected by the health service (as good or above) against the total number of CALD consumers/patients surveyed on the VPSM or other patient satisfaction survey.	REDHS did not receive any feedback from CALD patients surveyed. Patient / Resident survey includes a question in relation to their cultural / religious needs being met. VPSM result demonstrates REDHS is above the State mean and a high level of satisfaction.	Receiving feedback from CALD patients	Identify ways in which CALD patients who access our Urgent Care Centre can provide feedback	The majority of CALD patients who access our services provide feedback, particularly in relation to need and provision of interpreter services	March 2011	2011/12 2012/13
4.2 Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher, etc.) are implemented and reviewed on an ongoing basis.	REDHS has included reference to the provision of culturally appropriate services, including meals, leisure and pastoral activities in all relevant policies which are reviewed on a regular basis. Aged Care Policies include choice and involvement whereby residents determine appropriate meals, activities, etc.		Continue to monitor consumer feedback to ensure continuing provision of appropriate dietary requirements are met	Consumer feedback used to inform any required improvements in the future	Ongoing	2011/12 2012/13
<b>Sub Measures</b>						
Feedback from patients on the provision of information about their care and treatment is used to inform planning, development and review of services and support.	Quality of Care Committee and Care Review Committee monitor feedback and use in care planning, quality improvements and allocation of resources	Nil				
CALD patient satisfaction data collected and analysed (VPSM and other).						
Consumer evaluation of cultural appropriateness of particular programs or service.						
Development of and/or use of suitable instruments for assessment (clinical diagnosis and treatment) incorporating cultural considerations used by medical, clinical and allied health staff.						

**Standard 5 - CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis**

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
5.1 CALD consumer membership and participation is demonstrated in the Community Advisory Committee (CAC) the Cultural Diversity Committee (CDC) or other specified structure.		Appropriate consumer membership	Facilitate participation of any identified local CALD groups in CRF planning & evaluation	Any local CALD groups identified & invited to participate in CRF planning & evaluation	Sept 2011	
<b>Sub Measures</b>						
Minutes of meetings show that the CAC/CDC or other specified structure has provided advice on planning and evaluation to the board (CAC) or executive (CDC) of the health service.						
CALD consumer and stakeholder involvement in performance review and quality improvement processes						
Policies in place for facilitation of different degrees of participation from CALD consumers, carers and community members.	REDHS Policies facilitates the participation of consumers, carers and community members. Policies are linked with those described in <i>"Doing it with us, not for us"</i> program.		Integrate Cultural Responsiveness, 'Doing it with us, not for us' and the Disability Action Plan into one "Access and Inclusion" Policy and Program	"Access & Inclusion" Program covers requirements for Cultural Responsiveness, Disability Action & Access & Inclusion	June 2011	2012/13

**Domain 4 - Effective Workforce**

**Standard 6 - Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness**

Measures	Achievements	Gaps to be resolved	Action / Strategy	Target / Outcome	Review Date	Reporting period/ Year
6.1 Number of staff who have participated in cultural awareness professional development against the total number of employed staff within the current two year period	72% of staff have attended the Annual Training Day that includes a session on Cultural Sensitivity Awareness.	100% of staff receive training	Continue provision of training through Annual Training Days in 2011 to capture all staff.	100% of staff receive training in cultural sensitivity		2011/12 2012/13
<b>Sub Measures</b>						
Budget allocation for culturally responsive workforce development						
Suggested training opportunities for staff (i.e. admission, reception, clinical, management, executive, etc.): <ul style="list-style-type: none"> <li>Provision of language services and use of interpreters (at commencement of employment, as part of orientation program)</li> <li>Culturally responsive service delivery strategies</li> <li>Conducting organizational cultural assessments/audits</li> </ul> Conducting cultural assessments to understand consumer / patient's explanatory model for health and illness	Partnered with Bendigo Health's Cultural Diversity Officer to develop education materials for staff annual training day on cultural sensitivity.	Specific training required for staff working in Urgent Care Centre on provision of language services	Develop and deliver specific training to Urgent Care Centre staff on language services available.	All Urgent Care Staff are familiar with and use language services when required		
Demonstrated post training staff evaluation on effectiveness and application of professional development						
Human Resource management policies and practices include cultural responsiveness references in position descriptions, performance review and promotion						
Internal communication systems for sharing cultural diversity information and data are developed, maintained and periodically reviewed.						