



# Peninsula Health

## Cultural and Linguistic Diversity Plan

### 2010-13

Peninsula Health is committed to ensuring that people from a culturally diverse background have equal access to services and resources within the community. The development and implementation of a Cultural and Linguistic Diversity Plan (CLDP) demonstrates this commitment and ensures compliance with the six standards identified by the Department of Health (DH).

All Victorian Health Services are mandated by the DH to establish a Cultural and Linguistic Diversity Committee (CLDC) and Cultural and Linguistic Diversity Plan to respond to the needs of all consumers from culturally and linguistically diverse backgrounds accessing public health services in Victoria. The purpose of the CLDC and the CLDP is to improve the quality of service delivery and ensure that health services are able to appropriately meet the needs of culturally and linguistically diverse communities.

This Plan incorporates the reporting requirements, as identified by DH, into the cultural responsiveness framework, as well as merging the pre-existing plans in circulation from Community Health services across Peninsula Health and reports on the six standards.

1. A whole-of-organisation approach to cultural responsiveness is demonstrated
2. Leadership for cultural responsiveness is demonstrated by the Health Service
3. Accredited interpreters are provided to CALD patients as required
4. Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal, and cultural practices
5. CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis
6. Employees at all levels are provided with professional development opportunities to enhance cultural responsiveness.

Peninsula Health operates 25 public health facilities across 13 sites, including two public acute facilities: Frankston and Rosebud Hospitals. Services provided include medical, surgical, paediatric, maternity, critical care, mental health, rehabilitation, palliative care, community health & health education, outpatient services, aged care & assessment, investigative and medical support services, allied health and clinical training (Peninsula Health Annual Report 2009).

The Health Service employs over 4000 staff and services are enhanced by the contributions of approximately 1000 volunteers, local community groups, and other organisations involved in service delivery.

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

## MEASURE

1.1 The health service has developed and is implementing a Cultural Responsiveness Plan (CRP) that addresses the six minimum standards.

1.2 Reporting on CRP six minimum standards in the Quality of Care Report.

1.3 A functioning CAC demonstrating CALD participation and input as well as the CALD Community Advisory Group (CAG).

1.4 Implementation of the Department of Health *Language Services Policy*.

### SUB-MEASURES

1. Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers.

2. Allocation and specification of financial resources for cultural responsiveness.

3. Development of additional methods of data collection, reporting and sharing of information on cultural awareness.

4. Monitoring of the community profile and changing demographics supported by the provision of relevant interpreter services, translations and signage.

5. Partnerships with multicultural and ethno-specific community organisations in the area/region are developed and maintained.

## ACTION/EVIDENCE

Peninsula Health is aware of and complies with all relevant legislation . Key policies reference the following:

1. Multicultural Act Victoria - 2004
2. Racial and Religious Tolerance Act - 2001
3. Equal Opportunity Act - 1995
4. Charter Human Rights and Responsibilities Act - 2006
5. Guardianship and Administration Act - 1986
6. Guardianship and Administration Board Act - 2004
7. Disability Act - 2006
8. Assessed as compliant within HACC and CACP quality review processes in 2009
  - a. Policy 6.1.16 Cultural and Linguistic Diversity
  - b. Policy 6.1.03 Consent to Treatment
  - c. Policy 6.1.33 Information for Peninsula Health Consumers
  - d. Policy 3.2.09 Nutrition and Food Services
  - e. Policy 3.1.21 Chaplaincy / Pastoral Care
  - f. Policy 3.3.01 Patient/Client/Visitor Complaints Policy and Procedures
  - g. Clinical Practice Guideline (CPG) – Provision of Interpreter Services
9. Quality of Care Report on standards 1,3 and 5.
10. Minutes of CALD CAG meetings demonstrate the participation of community representatives and organisations including the New Hope Foundation, Centrelink and the regional Local Government Providers.
11. Webpage to be developed on the Intranet providing information to staff on CALD issues along with links to ongoing training and forums of interest.
12. External website to be updated providing information to the general public.
13. Peninsula Health enjoys a partnership with the Peninsula Ethnic Seniors Clubs (PESC) and plans to provide speakers to the Clubs across Frankston and Mornington Peninsula to further develop relationships.
14. CALD to be a standing item at all Peninsula Health Quality meetings and programs involved in service delivery.

## TIMELINE

## RESPONSIBILITY

11. March 2011

11. Paul Colosimo

12. April 2011  
13. 2011  
Ongoing

12. Paul Colosimo

<p>15. Charter of Healthcare Rights available in 25 different community languages, including Braille.</p> <p>16. Lanyard available for all staff outlining CALD.</p> <p>17. Interpreter signage at each of the main entrances to Peninsula Health. Scoping exercise to determine most suitable form of signage at each site.</p> <p>18. Inline with the Peninsula Health "Provision of Interpreter" CPG, all patients identified as requiring an interpreter will be offered one.</p> <p>19. Peninsula Health utilises On Call Interpreter and Translations Company to provide interpreters and translations service, Wherever possible, Interpreters used are fully accredited at NAATI Level 3.</p> <p>20. Peninsula Health to explore through a Staff Climate Survey the possibility of training staff to become interpreters. Appropriate CPG to be developed and benchmarked.</p>	<p>15. July 2011</p> <p>16. March 2011</p> <p>17. April 2011</p> <p>18. April 2011</p>  <p>20. July 2011</p>	<p>15. Paul Colosimo</p> <p>16. Kim Dobson</p> <p>17. Paul Colosimo</p> <p>18. Paul Colosimo</p>  <p>20. Paul Colosimo &amp; Kim Dobson</p>
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## 2. Leadership for cultural responsiveness is demonstrated by the Health Service

### MEASURE

2.1 The number of senior managers who have undertaken leadership training for Cultural Diversity.

#### SUB-MEASURES

1. Executive staff member has portfolio responsibility for cultural responsiveness and develops KPI's against CRP.
2. Employment of a cultural diversity staff member where 20% of health service patients are of a CALD background.
3. Implementation of DHS Language Services Policy [http://www.dhs.vic.gov.au/data/assets/pdf\\_file/0010/307756/language\\_service\\_policy.pdf](http://www.dhs.vic.gov.au/data/assets/pdf_file/0010/307756/language_service_policy.pdf)
4. Documentation of lack of provision of interpreters and reasons why.

### ACTION/EVIDENCE

1. CALD CAG, to assist in identifying portfolio holders across Peninsula Health for Cultural Diversity.
2. Community Participation Plan Progress Report November 2010
3. Executive Director of MANCCC at Peninsula Health holds CALD as a specific portfolio item.
4. Cultural Diversity Training is offered at Peninsula Health through the Human Resources Non-Clinical Training Plan. Four (4) sessions per year are planned, and are facilitated through the Access and Equity representative from the New Hop Migrant Resource Centre.
5. Electronic Interpreter Awareness Training offered at Peninsula Health.
6. CALD CAG Terms of Reference
7. CALD CAG position description for the Executive sponsors, chairperson/convenors are in place.

### TIMELINE

1. December 2011

5. April 2011

### RESPONSIBILITY

1. Paul Colosimo / Jose Arrebola

5. Paul Colosimo

### 3. Accredited Interpreters are provided to patients who require one

#### MEASURE

**3.1** Number of CALD consumers identified as requiring an interpreter and who receive accredited interpreter service.

**3.2** Number of community languages used in translated materials and resources.

**3.3** Total numbers of predominant languages groups accessing the service (other than English).

#### SUB-MEASURES

1. Audit of documentation of provision/use of interpreter in medical files.
2. Policies on Consent to Treatment and CPG for Provision of Interpreter Services include directions about the role of interpreters and family.
3. Feedback from patients on the use of interpreters in decisions about treatment and care planning.
4. 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.
5. Quality/risk management committees develop initiatives to track miscommunication errors for CALD consumers/patients.
6. Number of cases reported through 'adverse event' reports related to communication issues for CALD consumers/patients.
7. Number of formal complaints lodged by CALD consumers/patients.
8. Strategies in place to communicate with minority CALD consumers/patients.
9. Research is 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.

#### ACTION/EVIDENCE

#### TIMELINE

#### RESPONSIBILITY

<ol style="list-style-type: none"> <li>1. Patient data is collected at registration on IPM System which records country of birth, language spoken, interpreter requirements and religious affiliation.</li> <li>2. Social Work department maintains a database of all interpreter bookings, and the reasons for the booking. The data is reported monthly to the Board of Peninsula Health and the CALD CAG.</li> <li>3. Documentation of lack of provision of an interpreter is recorded manually on the database.</li> <li>4. Education is planned for staff involved in obtaining consent and follow-up evaluation.</li> <li>5. Initial audit of documentation of medical records has identified need for ongoing education at a ward level for all staff. Education commenced at Frankston Hospital with the Mornington Centre, with Golf Links Road sites to follow.</li> <li>6. 6.1.03 Consent to Treatment Policy; Care Planning Audits (CHS); Documentation Audit; Consumer Feedback.</li> <li>7. Interpreter signage across PH sites.</li> <li>8. Patient Charter in 25 community languages available</li> <li>9. Distribution of CALD information accessed via intranet from a range of organisations' web based resources</li> <li>10. Posters available to publicise PH Interpreter Availability in other languages as determined by identified local demographic need.</li> <li>11. Peninsula Health printed material, brochures, (newly developed or reviewed) have incorporated the interpreter symbol.</li> <li>12. CD &amp; DVDs available in women's and children's health on 'Your Pregnancy, Your Health' in different languages.</li> <li>13. VIHMS incorporates language needs, country of birth to be completed by the person entering the data for any incidents. This is unable to be reported on at present and needs to be <i>fetch</i> manually. (Plan to add a "fetch" tool to enable this data to be retrieved electronically.</li> </ol>	<p>4. 2011 Ongoing</p> <p>7. April 2011 8. March 2011 9. March 2011</p> <p>13. December 2011</p>	<p>4. Kim Dobson</p> <p>7. Paul Colosimo 8. Paul Colosimo 9. Paul Colosimo</p> <p>13. Paul Colosimo / Noni Bourke</p>
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## 4. Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal and other cultural practices

### MEASURE

- 4.1 Number of CALD consumers who indicate that their cultural or religious needs were respected by the Health Services (as good or above).  
 4.2 Total number of CALD consumers surveyed on the VPSM or other patient satisfaction survey.  
 4.3 Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher, etc.) are implemented and reviewed on an ongoing basis.

### SUB-MEASURES

1. Feedback from consumers on the provision of information about their care and treatment is used to inform planning, development and review of services and support.
2. CALD consumer satisfaction data collected and analysed (VPSM and other).
3. Consumer evaluation of cultural appropriateness of particular programs or services.
4. Development or use of suitable instruments for assessment (clinical, diagnosis and treatment), incorporating cultural considerations used by medical, clinical and allied health staff.

### ACTION/EVIDENCE

1. In February 2010 a community consultation forum was facilitated by the Peninsula Ethnic Services Club (PESC), to gain an understanding of how people came to know about the Peninsula Health specific services, what their expectations were and if the service met their needs.
2. Outreach to be explored with younger people, i.e., Maternity clients, who are less likely to engage in traditional meeting type formats.
3. CALD CAG have input into the following policies:
  - a. 3.1.22 (Community Participation)
  - b. 3.2.09 (Food Services)
  - c. 4.2.01 (Equal Employment Opportunities)
  - d. 6.1.01 (Nutrition and Food Services)
4. CHS broader needs assessment tool specifics regarding culture, language and religion are discussed in assessment
5. There are four Sacred Spaces set aside across Peninsula Health at Frankston Hospital, Rosebud Hospital, Palliative Care Unit and Jean Turner Nursing Home. Sacred texts are available on request across traditions. Prayer mats are available for those consumers of the Muslim faith. Friday prayer time is observed in the Sacred Space of Frankston Hospital for those consumers of the Muslim faith. Resources are available through the Chaplaincy/Pastoral Care Department. Presentations are made monthly at the nurse's orientation in relation to the Chaplaincy service.

### TIMELINE

2. September 2011

### RESPONSIBILITY

2. Kim Dobson

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

**MEASURE**

5.1 CALD consumer membership and participation is demonstrated in CAC/CDC/other specified structure.

**SUB-MEASURES**

1. Minutes of meetings show that the CAC has provided advice on planning and evaluation to the Board (CAC) of Executive of the Health Service.
2. CALD consumer and stakeholder involvement in performance review and quality improvement processes.
3. Policies are in place for the facilitation of different degrees of participation from CALD consumers.

**ACTION/EVIDENCE**

- Minutes of meetings.
- Community Participation Plan Progress Report November 2010
- CALD CAG member is a representative on the Peninsula Health Food Taste Panel

**TIMELINE**

**RESPONSIBILITY**

ACTION/EVIDENCE	TIMELINE	RESPONSIBILITY
<ul style="list-style-type: none"> <li>• Minutes of meetings.</li> <li>• Community Participation Plan Progress Report November 2010</li> <li>• CALD CAG member is a representative on the Peninsula Health Food Taste Panel</li> </ul>		



## 6. Staff members at all levels are provided with professional development opportunities to enhance their cultural responsiveness.

### MEASURE

6.1 Number of staff who has participated in cultural awareness professional development.

6.2 Total number of employed staff within the current two year period.

#### SUB-MEASURES

1. Budget allocation for culturally responsive workforce development.
2. Training opportunities for staff (i.e. admission, reception, clinical staff, management, executive) on:
  - Provision of language services and use of interpreters (at commencement of employment, as part of orientation programme)
  - Culturally responsive service delivery strategies
  - Conducting cultural assessments to understand consumer/patient's exploratory model for illness
3. Demonstrated post-training staff evaluation on effectiveness and application of professional development.
4. Human Resources policies and practices include cultural responsiveness references in position descriptions, performance review and promotion.
5. Internal communication systems for sharing cultural diversity information and data are developed, maintained, and periodically reviewed.

### ACTION/EVIDENCE

1. CHS access to HACC training programmes with content relevant to CALD community
2. CALD awareness is included as part of the Corporate Orientation presentation
3. Cultural Diversity Training is offered through the HR non-clinical training plan in conjunction with SW and New Hope Migrant Resource Centre. Four (4) sessions per year are scheduled.
4. 55% (n=39) of staff were aware of how to book and interpreter following an audit completed across 12 inpatient and community areas in November/December 2010. With appropriate strategies in place (ie. items 5 > 14 listed below) one of the core KPI's to be established will seek to ensure that 100% of staff across Peninsula Health are aware of the requirements to book an interpreter.
5. CALD Intranet page development and electronic Interpreter Awareness Training the focus on identifying interpreter requirements of consumers has been heightened.
6. Education sessions on each ward at nursing handover to identify the need for interpreter for specific patients
7. Education sessions for medical staff to incorporate consent issues and documentation for CALD consumers/patients.
8. CALD to be included in position description.
9. Development of CALD portfolio holders.
10. Website updated with links to training and special events for the calendar year
11. Training evaluation processes to be put into place
12. CALD, ATSI, Disability and GLBTI CAG's to promoting celebrations relating to Diversity
13. Online training for interpreter service developed
14. External website to be reviewed and updated.

### TIMELINE

4. 2011-2013
5. March/April 2011
8. 2011-2013
9. 2011
- Ongoing
10. March 2011
11. Jan-Jun 2012
12. 2011-2013
13. April 2011
14. April 2011

### RESPONSIBILITY

4. Paul Colosimo / Kim Dobson
5. Paul Colosimo
8. Paul Colosimo / Noni Bourke
9. Paul Colosimo / Jose Arrebola
10. Paul Colosimo
11. Kim Dobson
12. Relevant CAG Convenors
13. Paul Colosimo
14. Paul Colosimo