



RVEEH Health Service Cultural Diversity Plan 2010/13

The Cultural Diversity Plan is guided by the Department of Health¹ in their 2009 *Cultural Responsiveness Framework (Guideline for Victorian health services)*.

Domains

The Framework outlines four domains, being: organisational effectiveness; risk management; consumer participation; and effective workforce.

Standards

Within each of the four domains the Framework identifies standards, which include:

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

Within each of these standards the Framework provides a tool that measures the health services level of responsiveness to cultural diversity.

Reporting

A new plan that addresses the six standards is to be submitted to the Department of Health by 30 November 2010. The plan 'should encompass a strategic and whole-of-organisation approach, cover at least a three year period, and be aligned to the health services' strategic plan'. Reporting on the standards and measures will continue to be reported in the Quality of Care Report and minutes of each meeting will be provided to the Executive Committee. The Community Advisory Committee will be consulted for advice and feedback for actions contained within the plan

Domain 1: Organisational Effectiveness

¹ Formerly known as the Department of Human Services

RVEEH Strategic Goal: Involve consumers and the community in decision making, service planning, implementation and evaluation.

Standard	ACHS Criteria	Measure/Sub measure	Tasks/Actions	Whom	By	Outcome
1 A whole-of-organisation approach to cultural responsiveness is demonstrated.	<ul style="list-style-type: none"> 1.6, 1.6.1, 1.6.3, 2.2.3, 2.2.4, 2.3.1 	Implementation of the following: <ul style="list-style-type: none"> 1.1 Health service develops and implements a Cultural Diversity Plan addressing the 6 standards 1.2 Provide a report on the cultural responsiveness standards in the Eye and Ear Quality of Care Report 1.3 A functioning Community Advisory Committee & Cultural Diversity Committee 1.4 Implementation of the Department of Human Services <i>Language services policy</i> 	<ul style="list-style-type: none"> Modify performance measurement data suite to enable generation of CALD reports that reflect organisational CALD profile. Regularly analyse interpreter data, reporting and making recommendations to committees as required. Review and revise existing procedures to reflect the breadth of cultural and linguistic diversity of our patient community Evaluate limitations in current scheduling process for interpreter services Terms of Reference for CDC to be reviewed in September annually and approved by the Executive 	<ul style="list-style-type: none"> Manager Social Services Manager Social Services & Coordinator Interpreter Services CDC Executive Sponsor Manager Social Services CDC 	July 2011 Sept 2011 2010 Feb 2011 Nov 2011	RVEEH better equipped to respond to needs of CALD community. Improved communications strategy regarding roles and responsibilities of Interpreter Services
2 Leadership for cultural responsiveness is demonstrated by the health	<ul style="list-style-type: none"> 1.6 	<ul style="list-style-type: none"> <u>Numerator:</u> The number of senior managers who have undertaken leadership training for cultural responsiveness <u>Denominator:</u> The total number of senior managers 	<ul style="list-style-type: none"> Review relevant cultural policies and frameworks <ul style="list-style-type: none"> Language Services Translations Patient Information 	<ul style="list-style-type: none"> Leadership team driven by CDC Interpreter Services Patient Representatives 	2011-2012	Improved access into services Information is available for people with low proficiency in

service				ve • Marketing		English.
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Domain 2: Risk Management

RVEEH Strategic Goal: Embed safety, quality and risk management in patient service and business models.

Standard	ACHS Criteria	Measure/Sub measure	Tasks/Actions	Whom	By	Outcome
3. Accredited interpreters are provided to patients who require one	<ul style="list-style-type: none"> 1.1.3, 2.1.3, 3.1.5 	<p>3.1 <u>Numerator:</u> Number of CALD patients identified as requiring an interpreter and who receives accredited interpreter services</p> <p>3.1 <u>Denominator:</u> Number of CALD patients presenting at the health service identified as requiring interpreter services</p>	<ul style="list-style-type: none"> Report provided for each CDC meeting Risk Manager and Patient Rep. to collect data on the number of adverse events that occur relating to CALD issues Address funding related matters for private patient services 	<ul style="list-style-type: none"> Coordinator Interpreter Services Patient Representative & Quality and Risk Manager Manager Social Services 	<ul style="list-style-type: none"> 2011 2011 2011 	<p>Report available on shared drive</p> <p>Overseas ineligible patients are charged a fee for interpreter services, private patients are covered under WEISS funding</p>
	<ul style="list-style-type: none"> 3.1.5, 1.1.3 	<p>3.2 <u>Numerator:</u> Number of community languages used in translated materials and resources.</p> <p>3.2 <u>Denominator:</u> Total number of community language groups accessing the service</p>	<ul style="list-style-type: none"> Implementation of the <i>Languages Services Policy</i> (DHS 2005) Audit of available forms and create a database of forms on the intranet Conduct patient satisfaction audit regarding the use of Interpreter Services in 	<ul style="list-style-type: none"> Manager Social Services Coordinator Interpreter Services Quality and Risk 	<ul style="list-style-type: none"> 2010-2011 2011-2012 2010-2011 	<p>Language Services policy is available online</p>

			<p>decisions relating to treatment and care planning</p> <ul style="list-style-type: none"> • Establish suit of internal data to identify: <ul style="list-style-type: none"> ○ Number of patients reported through VHIMS ○ Number of complaints lodged by CALD patients • Development of strategies to communicate with CALD patients even when specific CALD demographics are low • Conduct audit of documentation regarding the use of interpreters from medical record 	<ul style="list-style-type: none"> • CDC and Quality and Risk • CDC • HIS Manager 	<ul style="list-style-type: none"> • 2012-2013 • 2012-2013 • 2012-2013 	<p>Audit to be completed as part of the clinical documentation group; as per d/w Amanda Hicks 24.08.2011</p>
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Domain 3: Consumer Participation

RVEEH Strategic Goal: Work in partnership to benefit those at most risk of developing eye or ear disease.

Standard	ACHS Criteria	Measure/Sub measure	Tasks/Actions	Whom	By	Outcome
4. Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal and other cultural practices	<ul style="list-style-type: none"> 1.6, 1.6.3, 1.3.1, 2.3 	<p>4.1 Numerator: Number of CALD patients who indicate that their cultural or religious needs were respected by the health service (as good and above)</p> <p>4.1 Denominator: Total number of CALD patients surveyed on the Victorian Patient Satisfaction Monitor</p>	<ul style="list-style-type: none"> Review VPSM data to see how the RVEEH compares to other like hospitals Collect CALD patient data from VPSM Work with IT and Manager Organisational Performance to establish and implement internal suite of data Work with HIS to implement data coding system 	<ul style="list-style-type: none"> CDC Patient Rep Manager Social Services HIS & Manager Social Services 	<ul style="list-style-type: none"> 2011-2012 2011-2012 2011-2012 2011-2012 	<p>Supportive care screening tool which addresses the needs of CALD</p> <p>IT are able to capture this data</p> <p>HIS report monthly to the DoH on pt demographics including pts country of birth, spoken language</p>

			<ul style="list-style-type: none"> Establish partnerships with multicultural and ethno-specific community organisations in metro, regional and rural areas. Coordinate through CAC 	<ul style="list-style-type: none"> Manager Community Engagement & Participation CDC 	<ul style="list-style-type: none"> 2011-2012 	Working with identified community organisations and groups to promote information available to the community
	<ul style="list-style-type: none"> 1.6.3, 1.2.1 	4.2 Policies and procedures for the provision of appropriate meals are implemented and reviewed on an ongoing basis.	<ul style="list-style-type: none"> Develop policy and procedure Evaluate patient satisfaction regarding services available 	<ul style="list-style-type: none"> CDC Patient Rep 	<ul style="list-style-type: none"> 2011-2012 2011-2012 	Appropriate meals provided to suit CALD patient needs on request.

Domain 3: Consumer Participation cont.

RVEEH Strategic Goal: Enable staff to contribute to change and continuous improvement.

Standard	ACHS Criteria	Measure/Sub measure	Tasks/Actions	Whom	By	Outcome
5. CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis	<ul style="list-style-type: none"> 1.1, 1.6, 1.6.1, 1.2 	<ul style="list-style-type: none"> Minutes of meetings show that the CDC has provided advice on planning and evaluation to the Executive 	<ul style="list-style-type: none"> Ensuring CALD consumers are involved and engaged in hospital improvement activities 	<ul style="list-style-type: none"> Executive Director Manager Community Engagement & Participation 	<ul style="list-style-type: none"> 2012-2013 	Information provided to the Executive
		<ul style="list-style-type: none"> CALD consumer and stakeholder involvement in performance review and quality improvement processes 	<ul style="list-style-type: none"> Review existing patient experience data to gain an understanding of the barriers they face in accessing our services (administrative processes, building, signage, staff knowledge) 	<ul style="list-style-type: none"> Manager Community Engagement & Participation 	<ul style="list-style-type: none"> 2012-2013 	An understanding of the gaps in our service provision
		<ul style="list-style-type: none"> Policies established for facilitation of different degrees of participation from CALD consumers, carers and the community members. 	<ul style="list-style-type: none"> Translation of patient feedback form 	<ul style="list-style-type: none"> External provider (translations) 	<ul style="list-style-type: none"> 2011-2012 	
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness	<ul style="list-style-type: none"> 2.2.3, 2.2.4, 2.3.3 	6.1 <u>Numerator</u> : Number of staff who have participated in cultural awareness professional development 6.1 <u>Denominator</u> : Total number of employed staff within the current two year period	<ul style="list-style-type: none"> Develop cultural online training all staff 	<ul style="list-style-type: none"> Manager Social Services & IT 	<ul style="list-style-type: none"> 2011-2012 	Translated feedback form into our 5 top languages
			<ul style="list-style-type: none"> Evaluation of 20% of all staff having completed online training module 	<ul style="list-style-type: none"> CDC and departmental managers 	<ul style="list-style-type: none"> 2011-2012 	

Domain 4: Effective Workforce

RVEEH Strategic Goal: Enable staff to contribute to change and continuous improvement.

Standard	ACHS Criteria	Measure/Sub measure	Tasks/Actions	Whom	By	Outcome
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness	<ul style="list-style-type: none"> 1.6, 2.2, 1.3.1, 3.1.5 	6.1 <u>Numerator</u> : Number of staff who have participated in cultural awareness professional development 6.1 <u>Denominator</u> : Total number of employed staff within the current two year period	<ul style="list-style-type: none"> Demonstrate budget allocation for culturally responsiveness framework development Develop training programs for clinical, operational, executive, management and administrative staff Ensure all job adverts include EEO statement Establish database which illustrates post staff training evaluation regarding effectiveness and application of knowledge gained Develop and regularly review internal communication processes for sharing culturally diverse information. 	<ul style="list-style-type: none"> Executive Sponsor Human Resources Department Human Resources Department CDC 	<ul style="list-style-type: none"> 2011-2012 2011-2012 2011-2012 2011-2012 	Review all jobs adverts have EEO statements on them.

Key:

CALD Cultural and Linguistically Diverse

CDC *Cultural Diversity Committee*
PIMS *Patient Information Management System*
PMO *Project Management Office*
RVEEH *Royal Victorian Eye and Ear Hospital*
ED *Emergency Department*
VHIMS *Victorian Hospital Incident Management System*

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