

Northern Health Cultural Responsiveness Plan

2017-2019



Northern Health

About Northern Health

Northern Health is the major provider of acute, maternity, sub-acute and ambulatory specialist services in Melbourne's North. We service a community living in an area that stretches over 5,700 square kilometres and includes three of the state's six designated growth areas: the City of Hume, the City of Whittlesea, and the Shire of Mitchell. This includes the rapidly expanding metropolitan region north of Epping and Broadmeadows, including Craigieburn and South Morang, the planned new suburbs of Cloverton (formerly Lockerbie) and Merrifield, and the rural communities of Kinglake, Kilmore and Seymour.

Our campuses include Broadmeadows Health Service, Bundoora Extended Care Centre, Craigieburn Health Service, PANCH Health Service in Preston, and The Northern Hospital in Epping. Across our five campuses we provide an extensive range of primary, secondary and some tertiary health care services including:

- emergency and intensive care
- acute medical, surgical and maternity services
- sub acute, palliative care and aged care
- specialist clinics and community-based services.

Northern Health's Cultural Diversity

Northern Health operates in one of Melbourne's most culturally diverse populations catchments. Our patients were born in 167 different countries, speak almost 100 different languages at home, and follow 88 religions or beliefs. At the same time, over 20% of our staff members were born overseas in over 45 different countries, speak at least 50 different languages, and follow over 20 different religions/beliefs.

To better address the needs of the different migrant communities, Northern Health supports a strong Transcultural & Language Services (TALS) Department. TALS' role is to make Northern Health culturally competent by offering high quality language services comprising: Interpreting services of the highest standard, translation of medical material, targeted cultural training for staff members, and research & education opportunities. Today the Northern Health model of language services provision is one of the most advanced in Australia as evidenced by various national awards including the Australian Institute of Interpreters & Translators (AUSIT) Excellence Award for Outstanding Contribution to the Translating & Interpreting Industry. In a typical year TALS provides approximately 55,000 interpreting occasions of service in over 100 languages, 90+ transcultural training sessions to over 1000 staff members, and tens of documents translated in the top 8 languages.

The 2017-2019 Northern Health Cultural Responsiveness Plan clearly demonstrates a whole of organisation approach to cultural diversity, and has received full endorsement by the Northern Health Board. We are very proud of our achievements, and will endeavour to continue leading in responding to cultural diversity.

Jennifer Williams
Board Chair

Siva Sivarajah
Chief Executive Officer

Governance

Governance for achievement of the Cultural Responsiveness Plan is provided via a range of reporting lines and committees. The diagram below demonstrates the governance pathway for the Cultural Responsiveness Plan.

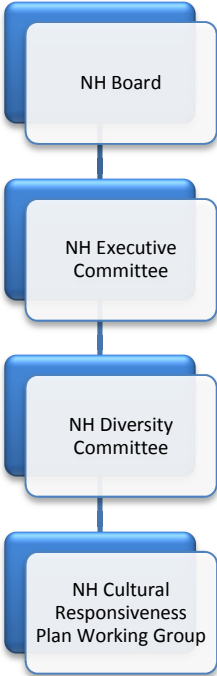


Figure 1. Governance pathway for NH’s Cultural Responsiveness Plan

Cultural Responsiveness Plan Background

- The Northern Health Cultural Responsiveness Plan was developed from the Department of Health & Human Services (DHHS) Cultural Responsiveness Framework.
- Domains, Standards, Measures and Sub-Measures are set by DHHS.
- Northern Health is required to report on the 6 Standards of the Framework in its yearly Victorian Quality Account.
- The NH Cultural Responsiveness Plan sits under the NH Diversity Governance Committee
- The NH Cultural Responsiveness Plan is developed by the NH Cultural Responsiveness Plan Working Group:

Members	Position
Emiliano Zucchi	Manager – TALS
Chelsea Simpson	Director Planning
Jason Cirone	Associate Director, Operations, People & Culture

Members	Position
Yue Hu / Stefania Zen	TALS Cultural Liaison Officer
Sophie Rodier	Manager – Patient Experience
David Paterson	Coordinator – Pastoral Services
External stakeholders	Ethnic Communities' Council of Victoria (ECCV) Whittlesea City Council
Consumers	

- The NH Cultural Responsiveness Plan Working Group consulted extensively with the following stakeholders:
 - Ethnic Communities' Council of Victoria
 - Foundation House
 - Migrant Resource Centre North West
 - Spectrum
 - City of Whittlesea
 - Women's Health in the North
 - Monash University, School of Languages Literature Cultures & Linguistics

- This Plan was tabled and received the endorsement of the following committees:
 - TALS
 - Standard 11 Service Delivery
 - Standard 2 Partnering with Consumers
 - Northern Health Executive Committee
 - Northern Health Board

Domain 1: Organisational Effectiveness

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

Measure	Person Responsible	Status ¹	PLAN	Timeframe
1.1 The health service has developed and is implementing a Cultural Responsiveness Plan (CRP) that addresses the six minimum standards	J Smith G Dickman E Zucchi	Complying Available on line here .		2017-2019
1.2 Reporting on CRP six minimum standards in the Victorian Quality Account	E Zucchi S Zen / Y Hu	Complying Northern Health is already able to report on the six minimum standards. Please see Victorian Quality Account.		Yearly
1.3 A functioning Cultural Diversity Committee/Community Advisory Committee demonstrating CALD participation and input	Jenni Smith	Complying Northern Health has both a Diversity Governance Committee, and PECAC attended by CALD representatives. The function of the Northern Health Diversity Governance Committee is to ensure that our health care services meet the needs of our diverse community and that our staff also reflects the diversity of the community we serve. The NH Diversity Governance Committee is responsible for ensuring that the organisation promotes diversity as a value and practice and has the governance structures in place to support inclusiveness of diverse communities as services users and as staff members. This committee is responsible for compliance with the: <ul style="list-style-type: none"> National Standards of the Australian Commission on Safety and Quality in Health Care (Standards 1, 2, 11, 12, 13). Meeting the Department of Health and Human Services 'Statement of Priorities' Endorsement, monitoring and evaluation of relevant Diversity Plans and compliance with inclusive practice accreditation CALD participation and input also occurs via the CRP Working Group which develops this Plan.		Ongoing
1.4 Implementation of the Department of Health's <i>Language Services Policy</i>	E Zucchi S Zen / Y Hu	Complying via TALS The role of the Transcultural & Language Services Department (TALS) is to ascertain Northern Health adheres to DHHS' Language Services policy, and to make Northern Health		Ongoing

¹ All evidence can be found on the TALS Intranet site and the internal V Drive: V:\TALS, or by contacting the TALS Manager.

		<p>culturally competent by offering high quality language services comprising: professional interpreting, translation of medical material, transcultural training, and research & education opportunities.</p> <p>TALS @ a glance</p> <ul style="list-style-type: none"> ▶ 39 in-house interpreters: Arabic, Turkish, Italian, Greek, Assyrian & Chaldean, Macedonian, Vietnamese, Mandarin & Cantonese, Farsi, Serbian, Croatian, Bosnian, Spanish, Dari, Hindi, Punjabi, Nepali ▶ 55, 000 + occasions of service pa in over 100 languages ▶ 90+ transcultural training sessions per year ▶ TALS manages a translations database with hundreds of medical documents translated in the top 8 languages. ▶ Intranet and Internet Page containing multilingual resources as well as the Northern Health Cultural Responsiveness Plan ▶ TALS has a number of community partners via the Northern Health Cultural & Staff Diversity Committee; these include: Monash University, RMIT, the Centre for Ethnicity & Health, Women’s Health in the North, Spectrum Migrant Resource Centre, the Ethnic Communities Council of Victoria, and the Cancer Council ▶ TALS is involved in a number of internal and external research projects. ▶ Monash and RMIT language students complete their practicum with TALS. ▶ TALS is a sector leader widely consulted Australia wide. In 2010 it was awarded an Outstanding Achievement rating from the Australian Council on Health Care Standards. TALS has won numerous awards, including 2 Northern Health Achiever’s Awards in Recognition of Outstanding Performance (2008 and 2011), and the Australian Institute of Interpreters & Translators (AUSIT) 2011 National Excellence Award for Outstanding Contribution to the Translating & Interpreting Industry. <p>Major External Projects</p> <ul style="list-style-type: none"> ▶ <i>Interpreting Organ & Tissue Donation</i>, educational DVD in collaboration with Donate Life ▶ <i>Interpreter mediated cognitive assessments</i>, educational DVD in collaboration with the National Ageing Research Institute ▶ <i>Expecting Help</i>, multilingual website in collaboration with Kangan Institute ▶ A series of filmed podcasts on cultural competence in the ED context in collaboration with the Australasian College of Emergency Medicine (ACEM) ▶ <i>Working with Interpreters in Allied Health</i>, educational DVD 		
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		<p>for Allied Health students, in collaboration with Charles Sturt University</p> <p>►TALS' language services model is featured in three publications:</p> <ul style="list-style-type: none"> - Language Services – Better Practice in Victorian Health Services & Local Government – Centre for Culture, Ethnicity & Health (2014) - <i>Promoting the engagement of interpreters in Victorian health services</i>, Foundation House (2013) - <i>An investment not an expense – enhancing health literacy in culturally and linguistically diverse communities</i>, Ethnic Communities Council of Victoria (2012) 		
Sub-Measures				
Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers	E Zucchi S Zen / Y Hu	Complying via Transcultural Healthcare Policy + CRP, Spiritual Care Policy, End of life Care policy, Deceased Care- release of the body	Review Transcultural Healthcare and all relevant Policies	Feb 2018
Allocation and specification of financial resources for cultural responsiveness	J Smith G Dickman E Zucchi	Complying via TALS	Review yearly	Feb 2018
Development of appropriate information technologies and strategies for data collection, reporting and sharing information on cultural responsiveness	J Smith G Dickman E Zucchi T Fiorenza B O'Brien C Simpson	Complying via TALS Bookings System, the Data Management team.		
Monitoring of community profile and changing demographics supported by employment of relevant in-house interpreters, appropriate translations and signage	E Zucchi G Dickman C Simpson	Complying via TALS, NH Data Management, ABS, and the Northern Health Translations Database	Review yearly	Feb 2018
Partnerships with multicultural and ethno-specific community organisations in the area/region are developed and maintained	J Smith G Dickman E Zucchi C Simpson D Paterson	Complying. NH has a number of formal and informal community partners, including the Centre for Culture Ethnicity & Health (CEH), the Ethnic Communities Council of Victoria (ECCV), the Family Relationship Centre, Foundation House, the Migrant Resource Centre, Monash University, School of Languages Literature Cultures & Linguistics, Whittlesea City Council, Women's Health in the North, the Anglican Diocese of Melbourne, St Peters Catholic Parish in Epping, Buddhist Council of Victoria, Greek Orthodox Diocese of Australia, ACC Chaplaincy Australia Limited, Salvation Army, Presbyterian Church, Islamic Council of Victoria, Spiritual Care Australia, Spiritual Health Victoria.	Identify new potential partners	June 2018

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

Measure	Person Responsible	Status	PLAN	Timeframe
2.1 The number of senior managers who have undertaken leadership training for cultural responsiveness Over The total number of senior managers	J Smith G Dickman E Zucchi J Cirone C Simpson S Zen / Y Hu	Partially complying	Present new CRP at all Managers' Meeting, including progress on implementation. Build dashboard in reporting portal and then show link	2017-2019
Sub-Measures				
Executive staff member has portfolio responsibility for cultural responsiveness and Key Performance Indicators (KPIs) against CRP	J Smith	Complying via the General Manager, Ambulatory Care, Partnerships, Research & Education Chief Allied Health Officer		Ongoing
Employment of a cultural diversity staff member where 20% of health service patients are of CALD background	J Smith G Dickman E Zucchi	Complying via TALS Manager, and TALS Cultural Liaison Officer At Northern Health 43% of patients were born in non-English Speaking Countries		Ongoing
Research opportunities are identified and undertaken to develop new and improved initiatives and resources for cultural responsiveness	J Smith G Dickman E Zucchi S Zen / Y Hu	Complying Recent TALS Staff Research Output Creeze, I., Julich, S., Zucchi, E. <i>Exploring role expectations of healthcare interpreters: Australia and New Zealand</i> , XXI World Congress International Federation of Translators, Brisbane 3-5 August 2017 Zucchi, E., Hlavac, J. <i>Looking at outcomes of policies and service provision: patients' perceptions of professional interpreters in public hospitals</i> , XXI World Congress International Federation of Translators, Brisbane 3-5 August 2017 Zucchi, E., Hlavac, J. <i>Ten years on: successes (and failures) of a comprehensive model of language services provision in healthcare</i> , First International Conference on Legal & Health Interpreting, The University of Hong Kong, February 24-25, 2017 Zucchi, E., Hlavac, J., Beagley, J. <i>Invoking social and public policy to implement comprehensive T&I services in the healthcare sector</i> , 2016 AUSIT National Conference, November 2016, Monash		Ongoing

		<p>University, Melbourne</p> <p>Davies; Dodd; Tu; Zen; Zucchi; Hill: <i>Does English proficiency impact on health outcomes for inpatients undergoing stroke rehabilitation?</i> IDRE Disability & Rehabilitation Journal, Manuscript ID 1092173, Taylor & Francis, September 18, 2015</p> <p>Zucchi, E., Hlavac, J. <i>From migrants to citizens with low English proficiency: access to equitable health services for all older Australians</i>, 3rd International Conference on Ageing in a Foreign Land, Adelaide 24-26 June, 2015</p> <p>Zucchi, E. <i>Is discrimination institutionalized? Planning for Equal Access to Health Care for Australians with Low English Proficiency</i>, Inaugural International Conference on Migration, Social Disadvantage and Health, Melbourne February 11-13, 2015</p> <p>Zucchi, E. <i>Diversity in the Health Context: Bridging the Divide to Culturally Appropriate Care</i>, Keynote Speaker, Raising Our Voices Conference ACT Multicultural Mental Health Network, Canberra, November 7, 2014</p> <p>Zucchi, E. <i>Organizational Effectiveness – How to avoid discriminating against patients with low English proficiency</i>, Transition into the Future: Technology, Business, Theory-As-Praxis AUSIT Biennial Conference, 1-2 November 2014, University Of Queensland, Brisbane, Australia</p> <p>Zucchi, E. <i>Institutionalised discrimination? Addressing the health inequalities of patients with low English proficiency</i>, Shaping Inclusive Services, Diversity in Ageing 2014 Conference, Melbourne Convention Centre June 12-13</p> <p>Tinney, J., Haralambous, B., Cyarto, E., LoGiudice, D., Lee, S.M., Purchase, R., Rayner, V., Zucchi, E. <i>Interpreters by broadband – videoconferencing CALD cognitive assessments</i>, Shaping Inclusive Services, Diversity in Ageing 2014 Conference, Melbourne Convention Centre June 12-13</p>		
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		<p>Zucchi, E. <i>The multicultural perspective: addressing the social determinants of health, how organizational structures enhance or compromise the health outcomes of patients with low-English proficiency</i> Social Determinants of Health Conference, Sydney 10-11 December 2013</p> <p>Tinney, J, Cyarto E., LoGiudice D., Haralambous B., Lee S.M., Rayner V., Zucchi E. <i>Supporting stakeholders in interpreter-mediated CALD cognitive assessments: guidelines and technology</i>, 20th IAGG World Congress of Gerontology and Geriatrics, Seoul, Korea, June 23-27, 2013</p> <p>Zucchi, E. <i>A matter of responsibility – Why hospitals should give Language Services equal importance (and equal funding) within Allied Health</i> Research Centre for Languages & Cultures Annual Symposium, Language & Wellbeing: Perspectives on Education and Health, Adelaide, December 3-4, 2012</p> <p>Zucchi, E, Zen, S. <i>The impact of the Northern Health TALS Education Program on the organisation’s cultural competence</i> Culturally Responsive Health Services Conference, Melbourne, August 2012</p> <p>Zucchi, E. <i>Strategies to Lower the Length of Stay in Hospital of non English Speaking Patients</i>, 2011 FECCA Conference, Adelaide, November 2011</p> <p>Zucchi, E. <i>The Effect of Cultural Competence on the Length of Stay of non English Speaking Patients</i>, The Great Healthcare Challenge 2011 Conference, Melbourne, October 2011</p> <p>-----</p> <p>TALS also has in place MOUs with various universities including Monash and RMIT, for the placement of interpreting/translation students in Northern Health’s hospitals.</p> <p>In the 2016/17 financial year 71 RMIT and Monash student completed their practicum at</p>		
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		TALS. The TALS Manager and the TALS Cultural Liaison Officer regularly deliver guest lectures on Cultural Competence at the above institutions.		
<p>Training opportunities for senior managers on:</p> <ul style="list-style-type: none"> • culturally responsive service delivery strategies • conducting organisational cultural assessments / audits 	<p>J Smith G Dickman E Zucchi J Cirone C Simpson S Zen / Y Hu</p>	<p>Complying via NH Diversity survey</p> <p>There were 585 respondents to the 2015/16 survey, making it the biggest Diversity Survey ever at Northern Health; in 2011 there were 571 respondents, and in 2013, 371.</p> <ul style="list-style-type: none"> • Northern Health staff members were born in at least 44 different countries (+10 compared to the 2013 survey) • 78% of staff members were born in Australia; approximately 3% respectively in Great Britain, India, New Zealand, and Iraq; approximately 2% in Malaysia, Italy and the Philippines • 3 staff members claimed to be of Aboriginal or Torres Strait Islander descent • 32% of staff members speak a language other than English at home (+8% compared to 2013). 4% speak Italian; approximately 3% of each speak Arabic, Assyrian/Chaldean, Cantonese / Mandarin, Greek, and Macedonian. All together Northern Health staff members speak over 50 different languages (+5 compared to 2013). • NH staff members follow 22 religions/beliefs (-5 compared to 2013) • Catholicism is the largest reported religion 29% (same as 2013) • 20% of staff declared to have 'No religion', 11% to be 'Agnostic', and 10% 'Atheist' • 9% claim to be Anglican, 6% Orthodox, 5% Uniting Church, 4% 'Christian', 3% Muslim, 2% Hindu, 1.5% Baptist, 1% Presbyterian, and 1% Buddhist • 97% of staff members claim to have friends who are from different cultural and/or religious backgrounds 	<p>Presentation at NH Diversity Governance Committee. CRP progress update at Executive.</p> <p>Repeat Staff Diversity Survey</p>	2017-2019

Domain 2: Risk Management

Standard 3: Accredited interpreters are provided to patients who require one

Measure	Person Responsible	Status	PLAN	Timeframe
3.1 Number of CALD consumers/patients identified as requiring an interpreter and who receive accredited interpreter services Over Number of CALD consumers/patients presenting at the health service identified as requiring interpreter services	E Zucchi G Dickman T Fiorenza S Zen / Y Hu	Complying via Data Management Team and online booking system All data available on request from TALS Manager		
3.2 Number of community languages used in translated materials and resources Over Total number of community language groups accessing the service	E Zucchi S Zen / Y Hu	Complying via TALS, Translations Waiting List and Translation Database		
Sub-Measures				
Implementation of the Department of Human Services Language Services Policy	E Zucchi G Dickman S Zen / Y Hu	Complying via the Northern Health Transcultural Healthcare Policy. Also please see 'TALS @ a Glance (1.4)		Ongoing
Documentation of lack of provision of interpreters and reasons why (including face-to-face, telephone interpreting)	E Zucchi G Dickman S Zen / Y Hu	Complying via online booking system Comments Box, also under the form of a separate monthly report.		Ongoing
Audit of documentation of provision/use of interpreter in medical files	E Zucchi G Dickman T Fiorenza S Zen / Y Hu	Complying via Data Management		Ongoing
Policies on consent include directions about the role of interpreters and family	E Zucchi G Dickman S Zen / Y Hu	Complying via Transcultural Healthcare Policy and other policies		Done
Feedback from patients on the use of interpreters in decisions about treatment and care planning	E Zucchi S Zen / Y Hu D Christensen	Complying via internal surveys, PECAC and NH Diversity Governance Committee. Also complying via the Quality Department's online incident reporting system Riskman	Conduct new patient survey	2018
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	E Zucchi S Zen / Y Hu E Woodall D Christensen	Complying via TALS and various departments. Also complying via individual departments' intranet pages and Translations Database In the 2016/17 FY TALS translated 29 new documents in the top 8 languages for a total of 86, 780 words.		
Quality/risk management committee(s) develop initiatives to track	G Dickman	Complying via Patient Experience		Ongoing

miscommunication errors for CALD consumers / patients	E Zucchi S Zen / Y Hu D Christensen	Team, and TALS.		
Number of cases reported through 'adverse event' reports related to communication issues for CALD consumers/patients	G Dickman E Zucchi S Zen / Y Hu D Christensen	Complying via Patient Experience Team, and TALS.		Ongoing
Number of formal complaints lodged by CALD consumers/patients	G Dickman E Zucchi S Zen / Y Hu D Christensen	Complying via Patient Experience Team, and TALS.		Ongoing
Strategies in place to communicate with CALD consumers/patients even when the CALD demographics are low	G Dickman E Zucchi S Zen / Y Hu	Complying via Patient Experience Team, and TALS.		Ongoing
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.)	G Dickman E Zucchi S Zen / Y Hu	Complying via TALS Manager and others, please see above.. All research undertaken at NH must include a minimum of 25% of patients from non-English speaking background		Ongoing

Domain 3: Consumer Participation

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

Measure	Person Responsible	Status	PLAN	Timeframe
4.1 Number of CALD consumers/patients who indicate that their cultural or religious needs were respected by the health service (as good and above) Over Total number of CALD consumers/patients surveyed on the VPSM or other patient satisfaction survey	E Zucchi S Zen / Y Hu D Christensen D Paterson	Complying via Data Management Team and TALS		Ongoing
4.2 Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher, etc.) are implemented and reviewed on an ongoing basis.	E Zucchi S Zen / Y Hu	Complying via Transcultural Healthcare Policy		Ongoing
Sub-Measures				
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	G Dickman E Zucchi S Zen / Y Hu D Christensen	Complying via Patient Experience Team, and TALS.		Ongoing
CALD patient satisfaction data collected and analysed (VPSM and other)	G Dickman E Zucchi	Complying via Patient Experience Team, TALS, and the Victorian Health Experience Survey.		Ongoing

	S Zen / Y Hu D Christensen		
Consumer evaluation of cultural appropriateness of particular programs or services	G Dickman E Zucchi S Zen / Y Hu D Christensen	Complying via PECAC, and Cultural Responsiveness Plan Working Group, both of which include consumers.	Ongoing
Development or use of suitable instruments for assessment (clinical diagnosis and treatment), incorporating cultural considerations used by medical, clinical and allied health staff	G Dickman E Zucchi S Zen / Y Hu	Complying via various admission forms	Ongoing

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

Measure	Person Responsible	Status	PLAN	Timeframe
5.1 CALD consumer membership and participation is demonstrated in CAC / CDC / other specified structure	J Smith G Dickman E Zucchi D Christensen	Complying via PECAC, Standard 2 Committee, and Cultural Responsiveness Plan Working Group, all of which include consumers.		Ongoing
Sub-Measures				
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	G Dickman E Zucchi D Christensen	Complying via PECAC, Standard 2 Committee, and Cultural Responsiveness Plan Working Group, all of which include consumers.		Ongoing
CALD consumer and stakeholder involvement in performance review and quality improvement processes	G Dickman E Zucchi D Christensen	Complying via PECAC, Standard 2 Committee, and Cultural Responsiveness Plan Working Group, all of which include consumers.		Ongoing
Policies in place for facilitation of different degrees of participation from CALD consumers	G Dickman E Zucchi D Christensen	Complying via Transcultural Health Care Policy, Consumer Participation Policy, Consent Policy, Spiritual Care Policy, Philosophy of Person Centred Care Policy		Ongoing

Domain 4: Effective Workforce

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

Measure	Person Responsible	Status	PLAN	Timeframe																		
<p>6.1 Number of staff who have participated in cultural awareness professional development Over Total number of employed staff within the current two year period</p>	<p>E Zucchi S Zen / Y Hu J Cirone C Simpson</p>	<p>Complying In the 2016/2017 FY TALS has delivered over 70 transcultural training sessions, covering the following topics:</p> <ul style="list-style-type: none"> • Language policies & guidelines • When, Why and How to Book a Professional Interpreter • How to Work With an Interpreter • Communicating with Patients with low English Proficiency • Diversity in the Health Context • Northern Catchment: Demographics • Our Communities • Diet: Halal & Kosher Foods • Working With Muslim Patients • Cultural Issues in Palliative Care • Intergenerational Conflict • Why Children Should Not Be Used To Interpret <p>Total number of staff members undertaking TALS training: 1071.</p> <p>Evaluation of 2016/17 TALS Training:</p> <p><i>In relation to your work the information provided was:</i></p> <table border="0"> <tr> <td>Very Relevant</td> <td>78.0%</td> </tr> <tr> <td>Somewhat Relevant</td> <td>11.0%</td> </tr> <tr> <td>Relevant</td> <td>11.0%</td> </tr> <tr> <td>Neutral</td> <td>0.0%</td> </tr> <tr> <td>Not relevant</td> <td>0.0%</td> </tr> </table> <p><i>How do you rate the delivery of the material?</i></p> <table border="0"> <tr> <td>Excellent</td> <td>57.0%</td> </tr> <tr> <td>Very Good</td> <td>38.0%</td> </tr> <tr> <td>Average</td> <td>5.0%</td> </tr> <tr> <td>Poor</td> <td>0.0%</td> </tr> </table>	Very Relevant	78.0%	Somewhat Relevant	11.0%	Relevant	11.0%	Neutral	0.0%	Not relevant	0.0%	Excellent	57.0%	Very Good	38.0%	Average	5.0%	Poor	0.0%	<p>Create and link to dashboard in reporting portal</p> <p>Increase percentage of NH staff members completing transcultural training.</p>	<p>2017-2019</p>
Very Relevant	78.0%																					
Somewhat Relevant	11.0%																					
Relevant	11.0%																					
Neutral	0.0%																					
Not relevant	0.0%																					
Excellent	57.0%																					
Very Good	38.0%																					
Average	5.0%																					
Poor	0.0%																					

		<p>Very Poor 0.0%</p> <p><i>I now have a better understanding of the topics in question:</i></p> <p>Strongly Agree 54.0%</p> <p>Agree 39.0%</p> <p>Neutral 6.5%</p> <p>Disagree 0.5%</p> <p>Strongly Disagree 0.0%</p> <p><i>I found this session interesting:</i></p> <p>Strongly Agree 49.0%</p> <p>Agree 43.0%</p> <p>Neutral 7.0%</p> <p>Disagree 1.0%</p> <p>Strongly Disagree 0.0%</p> <p><i>This presentation demonstrated the principles of patient centred care:</i></p> <p>Strongly Agree 65.0%</p> <p>Agree 32.0%</p> <p>Neutral 3.0%</p> <p>Disagree 0.0%</p> <p>Strongly Disagree 0.0%</p>		
Sub-Measures				
Budget allocation for culturally responsive workforce development	J Smith G Dickman E Zucchi C Simpson J Cirone	Complying via TALS		Ongoing
Training opportunities for staff (i.e. admission, reception, clinical staff, management, executive) on:	E Zucchi S Zen / Y Hu	Complying via TALS transcultural training calendar available on the TALS intranet page, as well as Orientation for all new staff members.		Ongoing
Demonstrated post training staff evaluation on effectiveness and application of professional development	E Zucchi S Zen / Y Hu	Complying Please see 6.1		Ongoing
HR policies and practices include cultural responsiveness references in position descriptions, performance review and promotion	J Cirone E Zucchi	Partially Complying	People & Culture to review PDs, and Performance Review templates to include cultural responsiveness references Suggested Wording: "We foster a culture of respect	Ongoing

			and understanding by ensuring that employment, services and activities are inclusive of and responsive to the diversity of our staff, patients and communities”	
Internal communication systems for sharing cultural diversity information and data are developed, maintained and periodically reviewed	E Woodall E Zucchi S Zen / Y Hu	Complying via Corporate Communications, CEO and GM Updates, intranet and internet pages		Ongoing

Further Information:

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