

**Alfred Health
Cultural Diversity Plan
2008-2009**

**Final Progress Report
December 2009**

Cultural, Linguistic and Religious Diversity

Alfred Health Priorities and Goals 2008-2009

Introduction

Alfred Health is committed to responding to the cultural, linguistic and religious diversity of its patients and the broader community in which it is located with integrity and in a relationship based on trust and respect. Our cultural diversity practices are based on a best practice framework, against which our organisational performance is evaluated. This provides opportunity to identify areas for improvement as well as demonstrating areas of best practice.

The areas for improvement form Alfred Health's Cultural Diversity Plan.

In order for the Alfred Health Cultural Diversity Plan to have greatest impact across the organisation, it is aligned with and incorporated into the organisational planning processes. Actions within the Cultural Diversity Plan are mapped to the six strategic priorities identified in the Alfred Health Strategic Plan 2006-2010 (see key below), to ensure the Cultural Diversity Plan is addressing the key domains for organisational improvement over the five years.

This plan, together with the Alfred Health Strategic Plan and a number of corporate plans, such as the Community Participation Plan, are implemented via the annual Quality and Business Improvement Plan and cascaded through the organisation as part of its routine management processes. This planning framework ensures that planning at every level is aligned with these organisational priorities and provides the mechanism for ensuring continuous improvement of Alfred Health's responsiveness to cultural, linguistic and religious diversity.

The Alfred Health Cultural Diversity Committee has guided the development of the Cultural Diversity Plan 2008-2009.

Key:	Strategic Goals
S1	Provide safe, high quality services
S2	Meet demand for clinical services
S3	Have the best workforce
S4	Be the leader in health science and practice
S5	Live within our means
S6	Modernise our facilities

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STATUS KEY:

	Achieved
	Work has commenced but desired outcome not yet achieved. Satisfactory progress is being made
	Not on target

1. Understanding CALD clients and their needs (S1, S2 & S6)

Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
The Alfred Health CALD patient profile is reflective of the community Alfred Health serves	Alfred Health has identified its Culturally and Linguistically Diverse (CALD) and religious patient profile	Annual review of admission data related to Country of Birth, Language and Religion for each campus	Completed for 2007-2008 financial year and 2008-2009 financial year.	
		CALD and religious patient profile data is presented to the Alfred Health Executive Committee and Cultural Diversity Committee	The 2007-2008 Cultural, Religious and Linguistic Diversity Profile was presented to the Cultural Diversity Committee in June 2008 and to the Alfred Health Executive Committee in November 2008. The 2008-2009 profile was presented to the Cultural Diversity Committee in October 2009 and to the Alfred Health Executive Committee in November 2009.	
	The CALD and religious profile of the community that Alfred Health serves has been identified	Community profile data is presented to the Alfred Health Executive Committee and Cultural Diversity Committee	2006 CALD Census data for Alfred Health local council areas was presented in conjunction with the Alfred Health CALD profile information in 2008 (as above).	

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Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
The Alfred Health CALD patient profile is reflective of the community Alfred Health serves	Alfred Health uses available CALD data to review and update information as appropriate	Review non-clinical patient information and ensure it is available in the most prevalent language groups for each hospital	A Patient Information project is currently underway. The first part of this has been to update and produce Patient Information Handbooks for the three hospitals. Currently, there is a small amount of translated information in each Handbook and the long-term goal is to use the Cultural, Religious and Linguistic Diversity profile information to translate the Handbooks into the most prevalent languages for each site. Concurrently, the Patient Information Project will make recommendations as to how the issue of translating patient information can be addressed across the health service.	
	The admission information of Alfred Health patients correctly identifies their CALD and religious profile information, including Indigenous status	Evaluate processes for obtaining patient CALD and religious admission details	<p>The Aboriginal and Torres Strait Islander Health Advisory Committee reviewed the identification of Indigenous patients attending Alfred Health Facilities. As a consequence the Aboriginal Liaison & Access Worker has worked to improve the identification of Indigenous patients. For example, working with admission staff to build confidence regarding asking questions about Aboriginal & Torres Strait Islander descent.</p> <p>A review of the process for identifying CALD status has been completed at Caulfield Hospital and will be rolled out at the other sites.</p>	

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Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health understands the needs of its CALD consumers and community	Patterns of under- or over-representation of specific CALD groups in service usage have been identified.	Ensure the Alfred Health community and patient CALD and religious profile is available to Alfred Health services to allow them to identify areas of over- and under-representation and align service delivery as needed	<p>The Cultural, Religious and Linguistic Diversity profile is available to all staff via the Alfred Health intranet. This webpage was launched at Cultural Diversity Week 2009 and is promoted to staff through in-services run by the Multicultural Adviser.</p> <p>Alfred Health Executive Committee has copies of the profile summaries from 07-08 and 08-09 and 2006 census data for the local council areas. Detailed investigation of over- and under-representation is yet to occur.</p>	

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Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
	<p>Alfred Health routinely investigates and identifies gaps in service delivery to CALD groups</p>	<p>Determine organisational capacity to investigate and identify gaps in CALD service delivery, including review of organisational data such as:</p> <ul style="list-style-type: none"> • RiskMan • Patient Complaints • Satisfaction surveys/ VPSM 	<p>CALD satisfaction indicators in the Victorian Patient Satisfaction Monitor (VPSM) are reported six-monthly (with the previous two waves) through the Cultural Diversity Committee. The Committee believe that VPSM data may be more relevant now that surveys are available in community languages such as Russian and Polish and will be sent to double the number of patients.</p> <p>The Alfred complaints and incident management systems have recently been updated in order to record complaints and incidents with CALD factors. An annual report will now be created regarding complaints and incidents with CALD factors and this will be presented to the Cultural Diversity Committee. Previously the complaints management system recorded complaints by 'service type', which includes the Interpreter service. There were no complaints relating to this for the 2008 period.</p> <p>The mortality screening project also identifies if a deceased patient had a primary language other than English and if an interpreter was present in discussion of their condition (as appropriate).</p>	

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Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
	The development of new facilities and services considers the needs of CALD consumers	CALD users and/or their representatives are consulted in facility design strategies that include consumer participation	CALD consumers are included in the consumer consultation and participation strategies for all redevelopments	

2. Partnerships with multi-cultural and ethno-specific agencies (S1 & S4)

Best practice standard	What would it look like (key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health will have partnerships with multicultural and ethno specific agencies	The Alfred Health Cultural Diversity Committee includes representation of and/or links with agencies specific to the Alfred Health CALD consumer profile	Review Cultural Diversity Committee membership and when recruitment is required target identified areas of need	The Cultural Diversity Committee is representative of Alfred Health's diverse community.	
	Alfred Health services will have links with relevant multicultural agencies	Identify specialist agencies relevant to CALD community groups within the Alfred Health service catchment area (to be reported through the Divisional/ Directorate reporting framework)	The Directorate and Department reports are identifying services which have strong links to multicultural agencies. A number of services, e.g. Radiology, have discussed with the Cultural Diversity Committee the most appropriate agencies with which to establish links.	
	Key initiatives within the organisation are planned and conducted in partnership with appropriate multicultural	Key initiatives are monitored through the Cultural Diversity Committee reporting framework to ensure they are inclusive of the needs of the CALD	Updates on key initiatives have been scheduled into the Cultural Diversity Committee work-plan for 2008-09 and 2009-10 including the Respecting Patient Choices / Advance Care Planning program and the Interpreter &	

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Best practice standard	What would it look like (key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
	and ethno specific agencies	community and stakeholder groups	Translator Services Redesigning Care project.	

3. A culturally diverse and aware workforce (S3)

Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health workforce reflects the community it services	Alfred Health has systems, structures and processes to ensure compliance with equal opportunity employment	Compare the Alfred Health workforce to the Alfred Health CALD profile information	There are plans to liaise with the Workforce Department to progress this action.	
		Develop a Cultural Diversity Model for Alfred Health	In discussion with the Cultural Diversity Committee it was agreed not to create a separate Cultural Diversity Model but to instead ensure that the existing Community Participation (CP) Model explicitly includes elements of Cultural Diversity. The CP Model will now be reviewed by the Community Advisory Committee and will be brought back to the Cultural Diversity Committee for their comment.	
	Alfred Health volunteer services are inclusive of the CALD community	Investigate current practice of recruitment of volunteers at Alfred Health to determine whether they are inclusive of the CALD community	The managers of The Alfred and Caulfield Hospital Volunteer programs presented to the Cultural Diversity Committee in December 2008. Recruitment of volunteers was found to be inclusive of, but not specifically targeting, the CALD community.	

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Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
	Alfred Health has programs in place to promote cultural awareness	Develop a system to increase cultural awareness by staff	<p>The Cultural Diversity & Interfaith Resources page was established on the Alfred Health intranet in March 2009. As previously mentioned this was launched at Cultural Diversity Week and is promoted regularly to staff. The resource page provides staff with information to assist in the provision of sensitive and appropriate cultural, religious and linguistic services. Examples of resources include:</p> <ul style="list-style-type: none"> • Multicultural issues at time of death and dying resource tool • Interfaith & Cultural Events Calendar • Cultural Dictionary • Eastern Health cue cards 	

4. Using language services to best effect (S5)

Best practice standard	What would it look like (Key strategies)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health has access to interpreter and translator services	Alfred Health has Language & Translation services policies and guidelines	Language & Translation services policies and guidelines approved and available to all staff	The Interpreter & Translator Policy and Guideline was recently reviewed and published on the intranet.	

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reflective of the CALD consumer profile it serves	Alfred Health staff use interpreters in an appropriate way	Staff have access to up-to-date training in the correct use (including booking) of interpreters	Staff training is provided across Alfred Health by the Multicultural Adviser. Any changes to the system and/or process for interpreter use are addressed through additional training sessions.	
	The Alfred Health Interpreter & Translator service is configured to meet demand	Patient & Family Services evaluate and monitor existing services against CALD profile information	Patient & Family Services regularly reviews the demand for interpreter and translation services through the scheduling system. Patient & Family Services also has access to the Alfred Health Cultural, Religious and Linguistic Diversity profile information.	

5. Encouraging participation in decision-making (S2)

Best practice standard	What would it look like (Action Required)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health has up-to-date patient information in the preferred languages of its most prevalent CALD user groups	Development of written patient information material will consider the needs of the most prevalent language user groups	Campus specific, generic information will be translated into the most common languages identified. (Clinical information is identified as an improvement priority for the 09-10 period)	There is a small amount of translated information in each hospital's Patient Information Handbooks and the long-term goal is to translate the Handbooks into the most prevalent languages for each site. The four prevalent language groups (other than English) for Caulfield Hospital and The Alfred have been identified as a priority for translation of the revised Patient Information Handbooks. Three language groups have been identified for Sandringham Hospital.	

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Best practice standard	What would it look like (Action Required)	Improvement priority 2008-2009 (Action required)	Progress	Status
	An accredited interpreter is used for the provision of complex information.	Staff have access to up-to-date information and policies regarding the correct provision of clinical information in languages other than English	<p>The Directorate and Department Reports demonstrate strong compliance with the use of interpreters for the provision of complex clinical information. The Interpreter & Translator information is available on the intranet and the Multicultural Adviser provides regular training on booking interpreters.</p> <p>Upon request, Patient & Family Services will arrange for written material to be translated into the five main community languages and other languages as requested.</p>	
	Alfred Health has access to alternative resources to assist in the provision of culturally sensitive and linguistically appropriate care	Access to the end-of-life resource tool is available to all staff	A resource tool called <i>Multicultural care at the time of death and dying</i> has been developed and is now available on the cultural diversity intranet page.	
		Multicultural cue cards are available to all staff	Eastern Health's Cue Cards are available to staff on the Alfred Health Intranet. Staff are currently considering how to promote the cue cards and the intranet page more broadly.	

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6. Promoting the benefits of a multicultural Victoria (S1)

Best practice standard	What would it look like (Action Required)	Improvement priority 2008-2009 (Action required)	Progress	Status
Alfred Health participates in activities to promote the benefit of a multicultural Victoria	Alfred Health acknowledges significant annual events on the Victorian/National calendar	Alfred Health organises activities in line with the major cultural festivities outlined by the Victorian Government e.g. Cultural Diversity Week and NAIDOC week	Cultural Diversity Week was celebrated in March 2009 with an event at Caulfield Hospital with a guest speaker and food from various countries. A similar event will be held at The Alfred in 2010 during Cultural Diversity Week. In 2008, plaques acknowledging the traditional owners of the land were presented to Alfred Health during NAIDOC week. In 2009, the Aboriginal flag was displayed at the three hospitals and there was an Indigenous artist in residence for one day during NAIDOC Week at The Alfred.	