

# *Cultural Responsiveness Plan*



2010 - 2013



**This Cultural Responsiveness Plan was prepared by Kristie Coverdale , Administrative Services Manager  
in consultation with the Clinical Services Committee**

**Endorsed by the Board of Management December 2010**

Contact Details:

Timboon & District Healthcare Service  
21 Hospital Road  
TIMBOON.VIC. 3268

Telephone: (03) 5558 6077

Fax: (03) 5598 3565

Email: [kacoverdale@swarh.vic.gov.au](mailto:kacoverdale@swarh.vic.gov.au)

The Cultural Responsiveness Plan is available on the Timboon & District Healthcare Service website at: [www.timboonhealthcare.com.au](http://www.timboonhealthcare.com.au)

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Timboon & District Healthcare Service Cultural Responsiveness Plan 2010 – 2013

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## ■ INTRODUCTION

Culture can influence our quality of life and in turn we can influence our culture. By developing this Cultural Responsiveness Plan, Timboon & District Healthcare Service recognises the fundamental role that culture plays in the lives of our clients. Culture can be used as a tool for positive change and can improve our quality of life by contributing towards wider economic, social and environmental impacts.

### **What Do We Mean By Culture?**

Culture means different things to different people. Timboon & District Healthcare Service defines culture as a 'way of life' and explains it as follows:

“Culture has three dimensions: our sense of place, our values and our identity; the material products of creative processes; and our engagement with and participation in creative processes.”

For the purpose of this Cultural Responsiveness Plan the following definition has been developed:

‘Culture arises from a community’s sense of place, heritage and local distinctiveness. Culture is defined by people’s beliefs, attitudes and way of life, including aspirations and values about the environment, lifestyle, social connection and creative pursuits.’



### **What is Cultural Planning?**

Cultural Planning provides an opportunity to highlight the uniqueness of a community. This plan will be used as a strategic tool to articulate a vision for the future and outline the priorities that need to be addressed and the actions that need to be taken by both Timboon & District Healthcare Service and the community to achieve this vision.

### **Why Develop A Cultural Responsiveness Plan?**

Timboon & District Healthcare Service has committed to celebrating and enhancing the cultural diversity of our clients, whilst recognising that we have a responsibility to ensuring our policies and services are continuously improving to match the community’s needs.

As a healthcare service we have an important role to play in promoting vitality and continuing to provide opportunities for all individuals, regardless of their cultural, linguistic or religious backgrounds, to participate fully in the community.

Timboon & District Healthcare Service recognises the Gunitjmarra people as the traditional custodians of the land, and values the continuing culture and community contributions of its Indigenous Australians. We also recognise the significant contributions made by successive waves of migrants and refugees to our local government area and to the country.

Migrants and refugees, whether dating back two hundred years or newly arrived, have brought with them a rich array of skills, experiences, language and cultures. Recognising and valuing this diversity within the context of a harmonious community has major social and economic benefits.

A healthcare service where people of all cultures and faiths feel respected and valued is one that encourages its clients to feel included, connected and able to participate in the life of the community. It builds an environment where all individuals, regardless of their culture, linguistic or religious backgrounds, can positively contribute to society and play a constructive part in building a strong, prosperous and harmonious community, full of vitality and opportunities.

## ■ OUR RURAL HEALTH SERVICE

Timboon & District Healthcare Service provides services within the southern half of the Corangamite Shire and the south eastern section of the Moyne Shire. Key towns within the catchment area are Timboon, Cobden, Simpson, Nullawarre, Port Campbell, Princetown and Peterborough. This catchment comprises a population of approximately 8,000.

Timboon & District Healthcare Service is an integrated health service administered under the multi-purpose service model of care for rural health services. We provide acute, residential and community aged care and primary care services.

Acute and residential aged care services are provided within a 14 flexible bed and 4 day stay chair complex with an operating theatre suit and emergency department. Primary care services are provided both within the facility and through community outreach programs.

### About Timboon & District

Our catchment area within the Corangamite Shire extends from Cobden in the north to the coastline, in the south. The area provides diverse employment through a range of primary industries, with dairying being predominant, tourism along the coast, commercial and community services. Timboon, although a small

town of some 1000, provides a service hub for the southern part of the catchment and Cobden serves the northern section of the catchment area.



Moyne Shire



## ■ OUR VISION

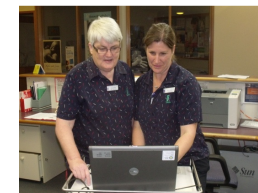
To be a leader in rural health care providing a responsive and integrated service catering for the needs of all within our community.

## ■ OUR MISSION

To provide a comprehensive, responsive and integrated range of quality health care services working collaboratively within the regional health system to promote and provide for the health, aged care and wellbeing needs of our local community through centre based and community outreach services.

## ■ OUR VALUES

- Delivering services in a friendly and enthusiastic manner
- Being responsive to patient and client needs
- Ensuring that services are of a high quality through continuous quality improvement and striving for best practice
- Encouraging professional development of staff
- Being accountable to the community



## ■ OUR SERVICES

### Acute Care

- 24 hour Emergency
- General Medicine
- Midwifery
- Obstetrics / Gynaecology
- Palliative Care
- Surgery & Diagnostic Procedures
- 

### Diagnostic Services

- Pathology
- Radiology



### Aged Care

- Aged Residential and Respite Care
- Community Aged Care – support services in the home

### Exercise and Rehabilitation Programs

- Body Balance
- Bounce Back with Babes
- Gentle Exercises
- Strength Training & Circuit
- Tai Chi

### Community Nursing

- Continence Resource
- Chronic Disease Management
- District (Home) Nursing
- Diabetes Education
- Maternity Outreach / Domiciliary Visits
- Palliative Care Nursing
- Post Acute Care
- Women's Health



### Home and Community Care

- Assessment and Case Management
- Delivered Meals
- Domestic Assistance
- Home Maintenance
- Personal Care
- Respite Care
- Community Transport
- Planned Activity Groups
- Visually Impaired Group

### Health Educations and Promotion

- Asthma Education
- Childbirth Classes

- Community & School Health Promotion Programs
- Early Childhood Reading Group

### Primary Care Services

- Counselling
- Chiropractic (private)
- Dental (public & private)
- Nutrition
- Occupational Therapy
- Osteopathy (private)
- Physiotherapy
- Podiatry (public & private)
- Speech Pathology

### Support Groups

- Arthritis
- Diabetes Support
- CHIPS

### Youth and Family Services

- Counselling and Family Support
- Youth Activities
- School Dental

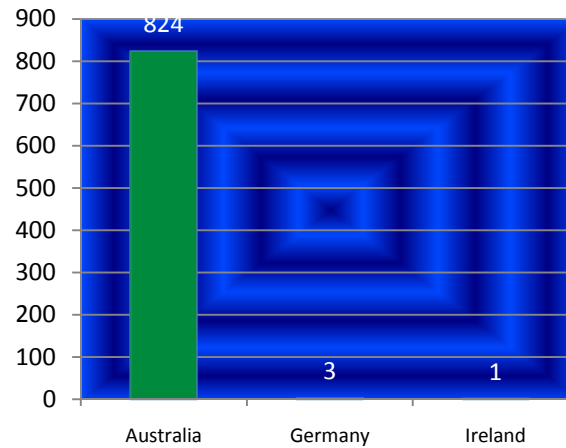
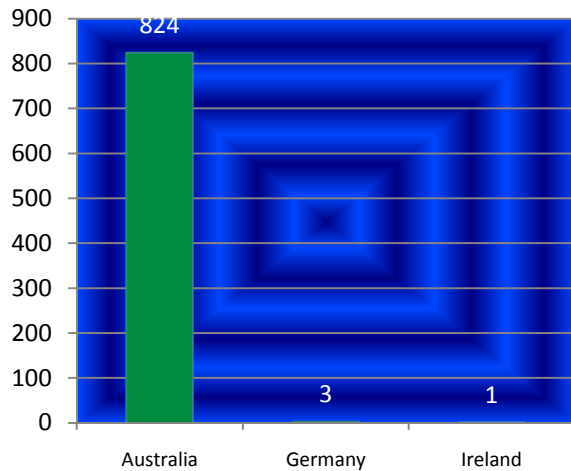


## ■ THE HEALTHCARE SERVICE IN PROFILE

Due to the nature of our service area we have very few CALD clients in our direct client base. However, the transient nature of our local tourist economy means that we have a larger percentage of CALD patients use our Accident and Emergency and Acute services as opposed to our HACC and Primary Care Services.

### 2006 Census Data

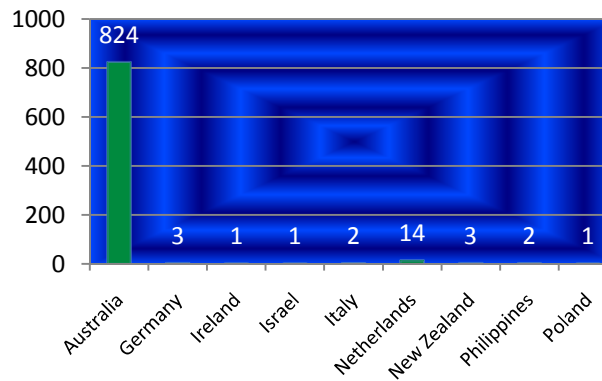
The 2006 census data shows that for the Corangamite South SLA there is a total population on 7414 people. The graphs below indicate the Birthplace and Proficiency in Spoken English of these people.



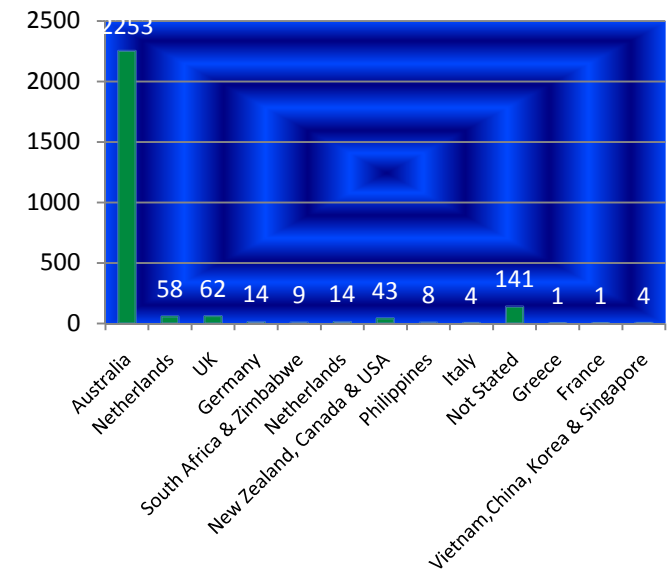
### 2009 / 2010 Healthcare Service Data

The following graphs indicate the birthplace of our clients / patients in our Acute Services, Accident and Emergency and Primary Care Services for the period 1 July 2009 to 30 June 2010.

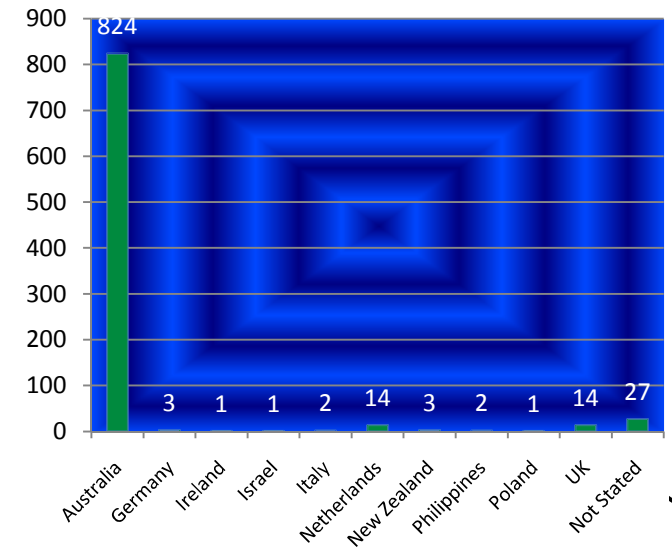
#### ACUTE SERVICES



#### ACCIDENT AND EMERGENCY



#### PRIMARY CARE SERVICES



## ■ ANALYSIS

### ACUTE SERVICES

#### *Country of Birth*

Only 3.5% of those patients admitted for the period 1 July 2009 to 30 June 2010 could be identified as being Culturally and Linguistically Diverse (CALD).

#### *Preferred Language*

Of the 597 patients admitted for the 2009/10 financial year 100% of them identified English (including Scottish) as their preferred language.

#### *Patients Requiring a Translator*

0% of patients for the 12 month period indicated that they required a translator / interpreter.



### PRIMARY CARE SERVICES

#### *Country of Birth*

Only 2.5% of those clients who accessed services for the period 1 July 2009 to 30 June 2010 could be identified as being Culturally and Linguistically Diverse (CALD).

#### *Preferred Language*

Of the 892 clients accessing services for the 2009/10 financial year 100% of them identified English (including Scottish) as their preferred language.

#### *Patients Requiring a Translator*

0% of clients for the 12 month period indicated that they required a translator / interpreter.



### ACCIDENT AND EMERGENCY

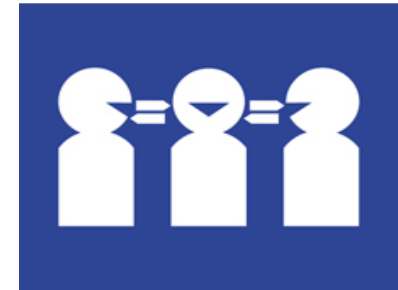
Due to our close proximity to the tourist icon of the Twelve Apostles and the Great Ocean Road those patients accessing our Accident & Emergency Department are more transient in nature and therefore represent the greatest percentage of our CALD patients / clients.

#### *Country of Birth*

4.1% of those patients admitted for the period 1 July 2009 to 30 June 2010 could be identified as being Culturally and Linguistically Diverse (CALD).

#### *Preferred Language*

Of the 2612 patients utilising the A&E service for the 2009/10 financial year 99.73% of them identified English (including Scottish) as their preferred language.



#### *Patients Requiring a Translator*

Only 3 of the 2612 who accessed the Accident & Emergency Department in the twelve months from July 2009 to June 2010 indicated that they required a translator. This equates to a mere 0.11%.

### ORGANISATION WIDE

For the twelve months from 1 July 2009 to 30 June 2010 a total of 4101 patients / clients accessed our services.

Of this number 151 or 3.68% were identified as being Culturally and Linguistically Diverse (CALD) yet only 0.27% indicated that English was not their preferred language. And, only 0.07% advised staff that they required the services of an interpreter / translator.

## ■ ORGANISATIONAL STRATEGIC PLAN 2009-2012

The following themes have been derived from the key stakeholder and community consultations undertaken during the year and will form the basis for annual operational plans over the next three years.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>PLANNING COLLABORATIVELY FOR OUR COMMUNITY'S WELL BEING</b> – <i>Building together our community's capacity</i></p> <ul style="list-style-type: none"> <li>• Create strategic partnerships for whole of community capacity building with such organisations as the Shire, Emergency Services, South West Primary Care Partnership, Parks Victoria, Community Groups</li> <li>• Strengthen strategic relationships with local and regional health agencies for service delivery coordination</li> <li>• Focus on partnering with local industry and businesses</li> </ul>                                      |
| <p><b>ENSURE ACCESS TO SERVICES BASED ON COMMUNITY NEEDS</b> – <i>Services where and when people need them</i></p> <ul style="list-style-type: none"> <li>• Ensure Primary Health care in all that we do</li> <li>• Focus on Emergency Services that ensure stabilisation and appropriate transfer</li> <li>• Coordinate our Acute and Primary Care Services to support our aged residents to stay in their community</li> <li>• Develop a coordinated approach to Chronic Disease Management</li> <li>• Maintain a flexible approach to acute services through day stay, medical and maternity services</li> </ul> |
| <p><b>ATTRACTING, CARING FOR AND PLANNING WITH OUR PRESENT AND FUTURE WORKFORCE</b> - <i>Take the long term view when planning for the future</i></p> <ul style="list-style-type: none"> <li>• Instigate a pilot project for future sustainable workforce models for provision of health care in rural areas focussing on general practitioners, nurses and allied health</li> <li>• Focus on sustainable models of General Practice</li> <li>• Succession planning for workforce</li> <li>• Plan for training and support of multi-skilled staff</li> </ul>                                                        |
| <p><b>BEING CONNECTED WITH OUR COMMUNITY</b> - <i>Ensure a partnership with our community</i></p> <ul style="list-style-type: none"> <li>• Enhance our community development role</li> <li>• Develop a communication strategy</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>LEADERSHIP IN GOVERNANCE</b> - <i>Planning for a strong future</i></p> <ul style="list-style-type: none"> <li>• Board development for governance processes and long term sustainability</li> <li>• Focus on internal and external communication</li> <li>• Strengthen financial due diligence</li> <li>• Enhance our profile in the community</li> <li>• Focus on quality and risk related to the services we provide</li> <li>• Continue to implement information technology to enhance patient care and administrative efficiency</li> </ul>                                                                |

## ■ STRATEGIC PLAN – CULTURAL RESPONSIVENESS PLAN LINK

| Strategic Plan Element                                                                                                                                                                                  | Cultural Responsiveness Plan |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|
|                                                                                                                                                                                                         | Standard                     | Measure    |
| Create strategic partnerships for whole of community capacity building with such organisations as the Shire, Emergency Services, South West Primary Care Partnership, Parks Victoria, Community Groups. | 5                            | 5.1        |
| Strengthen strategic relationships with local and regional health agencies for service delivery coordination                                                                                            | 5                            | 5.1        |
| Focus on partnering with local industry and businesses                                                                                                                                                  | 5                            | 5.1        |
| Ensure Primary Health care in all that we do                                                                                                                                                            | 1-6                          | All        |
| Focus on Emergency Services that ensure stabilisation and appropriate transfer                                                                                                                          | 1-6                          | All        |
| Coordinate our Acute and Primary Care Services to support our aged residents to stay in their community                                                                                                 | 1-6                          | All        |
| Develop a coordinated approach to Chronic Disease Management                                                                                                                                            | 1-6                          | All        |
| Maintain a flexible approach to acute services through day stay, medical and maternity services                                                                                                         | 1-6                          | All        |
| Succession planning for workforce                                                                                                                                                                       | 2<br>6                       | 2.1<br>6.1 |
| Plan for training and support of multi-skilled staff                                                                                                                                                    | 2<br>6                       | 2.1<br>6.1 |
| Enhance our community development role                                                                                                                                                                  | 5                            | 5.1        |
| Develop a communication strategy                                                                                                                                                                        | 1                            | 1.1        |
| Focus on internal and external communication                                                                                                                                                            | 1                            | 1.1        |
| Strengthen financial due diligence                                                                                                                                                                      | 1<br>6                       | 1.1<br>6.1 |
| Enhance our profile in the community                                                                                                                                                                    |                              |            |
| Focus on quality and risk related to the services we provide                                                                                                                                            | 1                            | 1.1        |

## ■ CULTURAL RESPONSIVENESS PLAN

### Domain 1: Organisational Effectiveness

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

| MEASURES                                                                                                                                                  | Actions / Strategies                                                                                                                                                                                                                                                                                                                          | Target Outcome                                                                                                           | Review Date         | Reporting Year / Period  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|
| 1.1 The health service has developed and is implementing a Cultural Responsiveness Plan (CRP) that addresses the six standards of the framework.          | <ul style="list-style-type: none"> <li>Cultural Responsiveness Plan developed by the Clinical Services Committee after detailed consultation with the community and other staff.</li> <li>All six standards &amp; measures / sub measure reviewed on an ongoing basis.</li> </ul>                                                             | Completed Cultural Responsiveness Plan (CRP) submitted by November 30 <sup>th</sup> 2010 & reviewed on an ongoing basis. | June 2010 & ongoing | 2010 / 2011 & 2012/ 2013 |
| 1.2 Reporting on the cultural responsiveness standards in the health services' Quality of Care Report.                                                    | <ul style="list-style-type: none"> <li>Clinical Services Committee to develop a reporting schedule and delegate measures / sub measures throughout the organisation &amp; collaborate responses.</li> <li>Collaborated responses submitted to CEO by August each year for inclusion in the Quality of Care Report.</li> </ul>                 | Standards and Measures reported in the Quality of Care as per the DoH schedule in the Cultural Responsiveness framework. | June 2010 & ongoing | 2012/ 2013               |
| 1.3 A functioning Community Advisory Committee (CAC), Cultural Diversity Committee (CDC), or other structures demonstrating CALD participation and input. | <ul style="list-style-type: none"> <li>Cultural Diversity is a standing agenda item of the Clinical Services Committee.</li> <li>Develop a review schedule in line with the Cultural Responsiveness Framework.</li> <li>Communicate with internal / external stakeholders with regards to raising CALD issues with this committee.</li> </ul> | Cultural Diversity is a standing agenda item for the Clinical Services Committee & reported to the Board of Management.  | January 2012        | 2012/ 2013               |
| 1.4 Implementation of the Department of Human Services (Department of Health) Language Services Policy.                                                   | <ul style="list-style-type: none"> <li>Develop an implementation schedule.</li> <li>Make copies of the policy available via the Intranet and via PROMPT.</li> <li>Include information on the policy in the Staff Induction Booklet &amp; make it part of the annual mandatory updates.</li> </ul>                                             | Language Services Policy is fully implemented within the organisation and promoted at all levels, internal and external. | October 2011        | 2012/ 2013               |

| SUB MEASURES                                                                                                                                               | Actions / Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Target Outcome                                                                                                                                                                                  | Review Date | Reporting Year / Period  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
| Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers                                            | Review CALD and Interpreter Policies and Language Services Resources as per schedule. Including researching the most up to date information and ensuring it is included in the guidelines, protocols and staff resources.                                                                                                                                                                                                                                                                 | CALD and Interpreter Policies and Language Services Resources reviewed 2 yearly.                                                                                                                | June 2010   | 2010 / 2011 & 2012/ 2013 |
| Allocation and specification of financial resources for cultural responsiveness.                                                                           | Use organisational analysis / CALD profile to determine financial need per department on an annual basis.                                                                                                                                                                                                                                                                                                                                                                                 | Finance department communicate budgets for cultural responsiveness to all senior managers by June prior to the beginning of the next financial year.                                            | June 2010   | 2010 / 2011 & 2012/ 2013 |
| Development of appropriate information technologies and strategies for data collection, reporting and sharing information on cultural responsive.          | <ul style="list-style-type: none"> <li>• Develop policies to ensure staff utilise information system to collect accurate data on specific CALD information, such as country of birth, preferred language and use of an interpreter.</li> </ul>                                                                                                                                                                                                                                            | All CALD data collected is reproduced via specific reports from PJB, MedTrak and Vital, covering all patient / client systems. Analysis from reports communicated to necessary staff.           | June 2010   | 2010 / 2011 & 2012/ 2013 |
| 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>• Conduct a detailed analysis of the most current census data, including specific CALD community demographics and locations.</li> <li>• Widely distribute to internal and external stakeholders census analysis to help service planning and delivery.</li> <li>• Conduct ongoing research to identify CALD communities needs and issues including the needs of small and emerging communities and CALD individuals with special needs.</li> </ul> | <p>100% of staff are familiar with the organisation Interpreter policy and have ready access to language service resources.</p> <p>Necessary signage displayed throughout the organisation.</p> | June 2010   | 2010 / 2011 & 2012/ 2013 |

|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                              |                  |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|
| <p>Partnerships with multicultural and ethno-specific community organisations in the area / region are developed and maintained.</p> | <ul style="list-style-type: none"> <li>• Participate in and promote cultural diversity events occurring within our local and regional centres.</li> <li>• Support and encourage communities from diverse cultural backgrounds to participate in and contribute to cultural events.</li> <li>• Collaborate and partner with other healthcare services to improve the quality and quantity of essential community information available in community languages.</li> <li>• Investigate opportunities to partner with Government agencies, on ways to promote community harmony and cross cultural awareness in the community.</li> </ul> | <p>All internal and external stakeholder partnerships with CALD community organisations are monitored on an ongoing basis and a conscious effort is made by relevant staff to foster these partnerships.</p> | <p>June 2010</p> | <p>2010 / 2011 &amp; 2012/ 2013</p> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|



## Domain 1: Organisational Effectiveness

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

| MEASURES                                                                                                                                                                                                            | Actions / Strategies                                                                                                                                                                                                                                                                                                                             | Target Outcome                                                                                                                                                   | Review Date                       | Reporting Year / Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|
| <p><b>2.1 Numerator:</b> The number of senior managers who have undertaken leadership training for cultural responsiveness</p> <p><b>Denominator:</b> The total number of senior managers</p>                       | <ul style="list-style-type: none"> <li>Identify and recruit appropriately skilled individuals into key positions within the organisation where second language expertise is essential or desirable.</li> <li>Develop a professional development schedule for senior managers which include a number of options on cultural diversity.</li> </ul> | 75% of senior managers have undertaken leadership training for cultural responsiveness.                                                                          | June 2011 and annually thereafter | 2011/2012 & 2012/2013   |
| <b>SUB MEASURES</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                   |                         |
| An executive staff member has portfolio responsibility for cultural responsiveness and Key Performance Indicators (KPI's) against Cultural responsiveness plan.                                                     | <ul style="list-style-type: none"> <li>At an executive level, develop appropriate KPI's to measure the progress / appropriateness of the Cultural Responsiveness Plan.</li> <li>Allocate Cultural Responsiveness to the portfolio of a senior manager.</li> </ul>                                                                                | Key Performance Indicators (KPI's) are reviewed by the relevant senior manager and reported to the Board of Management on an annual basis.                       | June 2011 and annually thereafter | 2011/2012 & 2012/2013   |
| Employment of a cultural diversity staff member where 20% or more of health service patients are of CALD background.                                                                                                | Monitor patient / clients profile to determine percentage on an ongoing basis.                                                                                                                                                                                                                                                                   | Staff member employed once percentage of CALD patients / clients reaches 20%.                                                                                    | June 2011 and annually thereafter | 2011/2012 & 2012/2013   |
| Research opportunities are identified and undertaken to develop new and improved initiatives and resources for cultural responsiveness.                                                                             | Delegates from the Clinical Services Committee undertake to develop initiatives for cultural responsiveness once the CALD client / patient percentage reaches 10%. Prior to this point it is not financially viable to undertake research projects.                                                                                              | Research opportunities are investigated once the CALD client / patient percentage reaches 10%.                                                                   | June 2011 and annually thereafter | 2011/2012 & 2012/2013   |
| 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> | Develop a professional development schedule for senior managers which include a number of options on cultural diversity.                                                                                                                                                                                                                         | 50% of senior managers have undertaken professional development on Culturally responsive service delivery strategies & Conducting cultural assessments / audits. | June 2011 and annually thereafter | 2011/2012 & 2012/2013   |

## Domain 2: Risk Management

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

| MEASURES                                                                                                                                                                                                                                                                                               | Actions / Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Target Outcome                                                                                                                                                                                                                                                                                                                              | Review Date                       | Reporting Year / Period  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
| <p><b>3.1 Numerator:</b> Number of CALD consumers / patients identified as requiring an interpreter and who receive accredited interpreter services.</p> <p><b>Denominator:</b> Number of CALD consumers / patients presenting at the health service identified as requiring interpreter services.</p> | <ul style="list-style-type: none"> <li>• Promote the use of the Telephone Interpreting Service and provide facilities accessible to the public.</li> <li>• Train all staff with client / patient contact in the use of the Telephone Interpreter Service and expand training on the use of interpreting.</li> <li>• Provide onsite interpreters for services, consultations and events when needed.</li> </ul>                                                                                     | <ul style="list-style-type: none"> <li>• 75% of CALD consumers who identify as requiring an interpreter receive an accredited interpreter service.</li> <li>• 100% of CALD consumers who identify as requiring an interpreter receive an interpreter service including staff members, family members or local community members.</li> </ul> | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| <p><b>3.2 Numerator:</b> Number of community languages used in translated materials and resources.</p> <p><b>Denominator:</b> Total number of community language groups accessing the service.</p>                                                                                                     | <ul style="list-style-type: none"> <li>• Collaborate and partner with other healthcare services (including the Department of Health) to improve the quality and quantity of essential information available in community languages.</li> <li>• Continually monitor the preferred language of our clients / patients to determine what languages to translate material and resources to.</li> <li>• Develop a register of essential materials necessary for translation when applicable.</li> </ul> | Translate essential materials for community languages once the percentage of clients / patients indicating their preferred language is not English reaches 3% for a particular language.                                                                                                                                                    | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |

| SUB MEASURES                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                           |                                   |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
| Implementation of the Department of Human Services (Department of Health) Language services policy.                                                                                                               | <ul style="list-style-type: none"> <li>Develop an implementation schedule.</li> <li>Make copies of the policy available via the Intranet and via PROMPT.</li> <li>Include information on the policy in the Staff Induction Booklet &amp; make it part of the annual mandatory updates.</li> </ul> | Language Services Policy is fully implemented within the organisation and promoted at all levels, internal and external.                                                                  | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Documentation of lack of provision of interpreters and why (including face to face, telephone interpreting).                                                                                                      | Clinical Services Committee to review Interpreter Policy and develop a form to record instances where an interpreter was requested and not provided.                                                                                                                                              | Interpreter policy reviewed and appropriate documentation developed. All documentation collaborated on an annual basis.                                                                   | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Audit of documentation of provision / use of interpreter in medical files.                                                                                                                                        | Quality Officer to utilise MedTrak, Vital and PJB reports to audit medical files if necessary.                                                                                                                                                                                                    | Audit completed if indication for the use of an interpreter reaches 5% of the total patient / client base.                                                                                | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Policies on consent include directions about the role of interpreters and family.                                                                                                                                 | Clinical Services Committee to review the Consent Policy and make necessary changes to include directions on the use of an interpreter.                                                                                                                                                           | Consent Policy includes directions about the role of interpreters and family and is reviewed on a two yearly basis.                                                                       | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Feedback from patients on the use of interpreters in decisions about treatment and care planning.                                                                                                                 | Develop a Survey for those patients /clients identifying as requiring an interpreter to determine their satisfaction.                                                                                                                                                                             | 100% of patients / clients identifying as requiring an interpreter are surveyed to determine satisfaction. Surveys collaborated on an annual basis.                                       | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Evidence of appropriate translation, signage, commonly used consumer / patient forms, education and audio visual materials, in language other than English for predominant language groups utilising the service. | Translate essential materials for community languages once the percentage of clients / patients indicating their preferred language is not English reaches 3% for a particular language.                                                                                                          | Essential materials translated for community languages once the percentage of clients / patients indicating their preferred language is not English reaches 3% for a particular language. | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Quality / risk management committee (s) develop initiatives to track miscommunication errors for CALD consumers / patients.                                                                                       | <ul style="list-style-type: none"> <li>Educate staff on the importance of reporting CALD miscommunication errors via the appropriate Incident Reporting channels.</li> <li>Monitor incident rates and conduct further staff education if repeated incidences occur.</li> </ul>                    | 0% of miscommunication errors for CALD consumers.                                                                                                                                         | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |

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| Number of cases reported through adverse event reports related to communication issues for CALD consumers / patients.                                                                                                                                                                                           | Educate staff on the importance of reporting CALD miscommunication errors via the appropriate Incident Reporting channels. | 0% of miscommunication errors for CALD consumers.                                                                                   | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Number of complaints lodged by CALD consumers / patients.                                                                                                                                                                                                                                                       | Report & record complaints lodged by CALD consumers in the same method as all complaints.                                  | Analyse complaints as they come in and report on them on a annual basis.                                                            | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Strategies in place to communicate with CALD consumers / patients even when the CALD demographics are low.                                                                                                                                                                                                      | Languages Services Policy / Resources and Interpreter Policy on a regular basis and any changed communicated to all staff. | Languages Services Policy / Resources and Interpreter Policy reviewed on a regular basis and any changed communicated to all staff. | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| 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.) | Analyse data produced by PJB, Vital and Medtrak and report on CALD patients care needs as opposed to non CALD patients.    | Ensure that any discrepancies are investigated by the Clinical Services Committee.                                                  | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |

### 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                                                                                                                                                                                                                                                                                                                                              | Actions / Strategies                                                                                                                                                                                        | Target Outcome                                                                                                                                 | Review Date                        | Reporting Year / Period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|
| <p><b>4.1 Numerator:</b> Number of CALD consumers / patients who indicate that their cultural or religious needs were respected by the health service (as good and above)</p> <p><b>Denominator:</b> Total number of CALD consumers / patients surveyed on the Victorian Patient Satisfaction Monitor (VPSM) or other patient satisfaction survey</p> | Analyse the six monthly Victorian Patient Satisfaction Monitor reports provided by Ultra Feedback.                                                                                                          | 75% of CALD consumers / patients who indicate that their cultural or religious needs were respected by the health service (as good and above). | June 2012 and annually thereafter. | 2011/2012 & 2012/2013   |
| <b>4.2</b> Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher etc) are implemented and reviewed on an ongoing basis.                                                                                                                                                                                           | Hotel Services Supervisor to develop a policy on the provision of meals to CALD clients / patients.                                                                                                         | Policy developed and reviewed on a two yearly basis.                                                                                           | June 2012 and annually thereafter. | 2011/2012 & 2012/2013   |
| <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.                                                                                                                                                                                    | Communicate all formalised reports on CALD patients care & treatment to senior management involved in planning, development and review of services to ensure that any feedback is taken into consideration. | VPSM analysis and program / service evaluations are used in organisational planning and service reviews.                                       | June 2012 and annually thereafter. | 2011/2012 & 2012/2013   |
| CALD patient satisfaction data collected and analysed (VPSM and other).                                                                                                                                                                                                                                                                               | Analyse the six monthly Victorian Patient Satisfaction Monitor reports provided by Ultra Feedback.                                                                                                          | 75% of CALD consumers indicate that their cultural or religious needs were respected (as good and above).                                      | June 2012 and annually thereafter. | 2011/2012 & 2012/2013   |
| Consumer evaluation of cultural appropriateness of particular programs or services.                                                                                                                                                                                                                                                                   | Ensure that questions relating to cultural appropriateness are added to all program / service evaluations.                                                                                                  | Questions relating to cultural appropriateness are added to all program / service evaluations and collaborated on an annual basis.             | June 2012 and annually thereafter. | 2011/2012 & 2012/2013   |

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| 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. | Director of Nursing, Community Services Manager and District Nursing Co-ordinator to conduct a review of all instruments used for clinical diagnosis to ensure they incorporate sections / questions relating to cultural responsiveness. | All instruments used for clinical diagnosis and treatment incorporate questions on cultural responsiveness. | June 2012 and annually thereafter. | 2011/2012 & 2012/2013 |
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### Domain 3: Consumer Participation

**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                                                                                                                                                                            | Actions / Strategies                                                                                                                                                                         | Target Outcome                                                                                                                       | Review Date                       | Reporting Year / Period  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
| 5.1 CALD consumer membership and participation is demonstrated in the Community Advisory Committee (CAC) the Cultural Diversity Committee (CDC), or other specified structure.      | Designate a CALD community member to to inform an active member of the Clinical Services Committee on all CALD issues to be raised.                                                          | A CALD community member is designated to inform an active member of the Clinical Services Committee on all CALD issues to be raised. | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| <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. | Minutes from the Clinical Services Committee are forwarded to the Board of Management for use during the Strategic Planning process. (Specific focus on the Cultural Diversity agenda items) | Minutes from the Clinical Services Committee are used during the BOM Strategic Planning process.                                     | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| CALD consumer and stakeholder involvement in performance review and quality improvement processes.                                                                                  | Advertise for community participation during the consultation process of strategic reviews and business plan development, focusing specifically on CALD community members.                   | CALD consumers are consulted during the community consultation process of all strategic reviews.                                     | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |
| Policies in place for facilitation of different degrees of participation from CALD consumers, carers and community members.                                                         | Clinical Practices Review (CPR) Committee to review policies and ensure that CALD consumer participation in included.                                                                        | Policies are in place and reviewed on a regular basis.                                                                               | June 2011 and annually thereafter | 2010 / 2011 & 2012/ 2013 |

## Domain 4: Effective Workforce

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

| MEASURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Actions / Strategies                                                                                                                                                                                                                                                                                        | Target Outcome                                                                                                                                                                                                                                                                    | Review Date                       | Reporting Year / Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|
| <p><b>6.1 Numerator:</b> Number of staff who have participated in cultural awareness professional development.</p> <p><b>Denominator:</b> Total number of employed staff within the current two year period.</p>                                                                                                                                                                                                                                                                                                                                           | Develop a professional development schedule for all staff which includes a number of options on cultural awareness.                                                                                                                                                                                         | 30% of all staff employed within the two year period have completed professional development on cultural awareness.                                                                                                                                                               | June 2012 and annually thereafter | 2011/2012 & 2012/2013   |
| <b>SUB MEASURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                   |                         |
| Budget allocation for culturally responsive workforce development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Use organisational analysis / CALD profile to determine financial need per department on an annual basis.                                                                                                                                                                                                   | Finance department communicate budgets for cultural responsiveness to all senior managers by June prior to the beginning of the next financial year.                                                                                                                              | June 2012 and annually thereafter | 2011/2012 & 2012/2013   |
| <p>Suggested training opportunities for staff (i.e. admission, reception, clinical staff, management, executive) on:</p> <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 organisational cultural assessments / audits</li> <li>• Conducting cultural assessments to understand consumer / patient's explanatory model for health and illness</li> </ul> | <ul style="list-style-type: none"> <li>• Develop, promote and run ongoing cross cultural awareness training courses for staff as part of their annual mandatory updates.</li> <li>• Review existing cross-cultural information contained in the Staff Induction Booklet and enhance as required.</li> </ul> | <ul style="list-style-type: none"> <li>• 30% of all staff employed within the two year period have completed professional development on cultural awareness.</li> <li>• 100% of staff receive the cross cultural information contained in the Staff Induction Booklet.</li> </ul> | June 2012 and annually thereafter | 2011/2012 & 2012/2013   |
| Demonstrated post training staff evaluation on effectiveness and application of professional development.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Develop a questionnaire to capture feedback from staff with relation to the effectiveness of cultural professional development.                                                                                                                                                                             | 75% of staff are satisfied with the effectiveness of cultural professional development.                                                                                                                                                                                           | June 2012 and annually thereafter | 2011/2012 & 2012/2013   |

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| <p>Human resources management policies and practices include cultural responsiveness references in position descriptions, performance review and promotion.</p> | <ul style="list-style-type: none"> <li>• Introduce a standard desirable selection criterion for staff such as 'demonstrated awareness of cultural diversity issues and sensitivities'.</li> <li>• Continue to recruit and value bilingual staff or staff with a demonstrated awareness of cultural diversity issues and sensitivities across all positions.</li> </ul> | <ul style="list-style-type: none"> <li>• All Human Resource Management Policies and Procedures include references to cultural responsiveness.</li> <li>• 100% of job descriptions and performance reviews include reference to cultural responsiveness.</li> </ul> | <p>June 2012 and annually thereafter</p> | <p>2011/2012 &amp; 2012/2013</p> |
| <p>Internal communication systems for sharing cultural diversity information and data are developed, maintained and periodically reviewed.</p>                  | <ul style="list-style-type: none"> <li>• Initiate a staff briefing program on the Cultural Responsiveness Framework, with tailored information on specific impacts and implications of the initiatives and actions.</li> <li>• Undertake a promotion of the Cultural Responsiveness Framework in the Healthcare services newsletters and website.</li> </ul>           | <p>100% of staff who attends professional development of a cultural nature produce an information package which is made available to all other staff members and any information / resources are added to the language services folders.</p>                       | <p>June 2012 and annually thereafter</p> | <p>2011/2012 &amp; 2012/2013</p> |