Cultural Responsiveness Plan 2013-16

ASPIRE ACHIEVE INNOVATE

ST VINCENT'S HOSPITAL
MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Cultural Diversity Committee
St Vincent's
November 2013

Executive Summary

The Department of Health's 2009 *Cultural responsiveness framework: Guidelines for Victorian health services* provides six standards across four quality and safety domains in culturally responsive care which outline minimum standards and measures for health services and is congruent with the *Victorian clinical governance policy framework*. St Vincent's Cultural Responsiveness Plan, covering a three year period, is aligned to St Vincent's strategic plan.

The Cultural Responsiveness Plan is a collaborative effort by the Cultural Diversity Committee members. This has been vital as many measures which relate to the six standards as set out by the Department of Health require input and reporting from various departments across St Vincent's.

This is St Vincent's Cultural Responsiveness Plan for the period of 2013 -16 and it integrates outcomes of projects completed in the last interim which are now part of annual activities as well as new opportunities for improving health care for CaLD consumers.

Specifically, the Cultural Diversity Committee successfully completed a CaLD survey which results have been communicated to relevant departments. This project saw two positive outcomes: the survey will now be an annual activity and it inspired a new project which involves the survey of CaLD patients on the new STV menu. 2012 also saw the introduction of the online training module on *Providing culturally responsive care* – a measure which is managing to capture those staff who work on night duty as well as senior management. The third project, an audit of the translations currently being used by staff at STV was successfully completed, the outcome of which is now available to all staff through the intranet.

Looking towards the new three year cycle, the Cultural Diversity Committee has developed a number of major improvement plans as a priority which will be staggered over the next three years, the most notable being:

1. Survey of CaLD patients on satisfaction with SVHM menu
2. Development of an SVHM Cultural Competence Resource
3. Audit of applications on IPad and/or IPhone used by staff
4. Longitudinal study on CaLD length of stays (LOS) at SVHM
5. Translations of consent forms at SVHM

Chair, Cultural Diversity Committee
Manager of Language Services, Interpreter Services
Secretary, Cultural Diversity Committee
Cultural Diversity Program Coordinator, Mission

November 2013

Cultural Responsiveness Plan 2013-16

Actions/ projects	Domain 1 Organisational Effectiveness	Domain 2 Risk management	Domain 3 Consumer participation	Domain 4 Effective workforce
	Standard 1 A whole-of-organisation approach to cultural responsiveness is demonstrated **Standard 2** Leadership for cultural responsiveness is demonstrated by the health service	**Standard 3** Accredited interpreters are provided to patients who require one	**Standard 4** Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices **Standard 5** CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis	**Standard 6** Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness
Ongoing /Annual	CAC and CDC link Executive staff member on CDC Employment of Cultural Diversity Program Coordinator Active participation in seminars by CDC members Review CDC TOR	Audit of interpreter services Provision of in-house Interpreter services Reports on use of interpreter services	Census data and statistical collection on CALD communities CaLD survey Network with CALD community groups Link between CAC and CDC	Comprehensive training program Monthly news items Forums CD webpage Present at orientation Review and update on-line training program
2013	CRP due Oct 2013 Review *Language Services Policy* Review *Guide to working with Interpreters*	Review of signage, patient forms, education and audio visual materials, in languages other than English for predominant language groups utilising the service in outpatients.	Assess updated External Food Policy IP: Short survey with CALD patients on new STV menu	Conduct survey on outsourcing of training (to be repeated in 2016)
2014	Review *Cultural Diversity policy*	Develop guidelines on risk assessment for complaints lodged through VHIMS, including steps staff need to take when unaccredited interpreters provide IS. IP: Speech Pathology Communication Aids for People with Aphasia (incl. CaLD patients)	IP: SVHM Cultural Competence Resource on 5 main ethnic communities	
2015	Review *Guide to working with Interpreters; Language Services Policy; Brochure on IS and cultural diversity training*	Audit of translated material distributed by hospital and collect evidence list of mediums of communication	IP: Audit of interpreting apps used by staff and development of guidelines on appropriate use	Develop and promote training workshops for senior managers
2016	CRP due Oct 2016	IP: Scoping of translations of consent forms at SVHM		IP: Longitudinal study through PAS for CaLD LOS at SVHM

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Domain 1
Organisational effectiveness

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

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Measures	The following four policies, guidelines and processes are implemented: 1.1 The health service has developed and is implementing a Cultural Responsiveness Plan (CRP) that addresses the six standards of the framework	Regular CDC meetings in 2013 to set up 2013-16 CRP.	Final draft to be completed by September 2013, then forwarded to Director of Mission Final copy ready by November 2013	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	1.2 Reporting on the cultural responsiveness standards in the health services' *Quality of Care report*	Reporting responsibility will sit with the Chair and secretary of the CDC	Report annually in Quality of Care Report on all standards as required by DoH.	2014	Quality of Care Report	Annually
	1.3 A functioning Community Advisory Committee (CAC), Cultural Diversity Committee (CDC) or other structure demonstrating CALD participation and input	Maintain existing CAC and CDC committees by: - replacing vacancies within the committee membership on both committees when these arise - invitation of membership on both committees when appropriate - ensure CALD representation on CAC when new vacancies arise	Functioning CAC and CDC CaLD participation and input through annual CaLD survey, reciprocal relationship between CDC and CAC and CAC membership.	2016	CDC Annual Activity Report Quality of Care Report	Annually

		- annual review of Terms of Reference of both committees - Reciprocal availability of minutes between CAC and CDC -annual presentation/report by CDC to CAC -Network/liaise with CALD community groups (eg VHDN, AGWS, VMC, MIC, CEH) -Annual CaLD consumer survey				
	1.4 Implementation of the Department of Human Services *Language Services policy*	Conduct staff training regarding working with interpreters bi-annually and upon request	Staff awareness of *Language Services Policy*.	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Bi-annually
		Continually update and promote the 'Guide to working with interpreters' by: - reviewing the Guide bi-annually - distributing copies to all departments/units who work with interpreters - making the Guide available on the intranet	Up-to-date 'Guide to working with interpreters'	2015		2 years
		Regularly update and promote the brochure on Interpreter Services and Cultural Diversity Training by: - distributing brochures when training staff - distributing brochures to departments/units who regularly work with interpreters	Up-to-date brochure on services provided by Interpreter Services as well as information on the *Language Services policy*	2015		3 years

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Sub-measures	1. Organisational guidelines and protocols that guide staff in working with CALD communities, consumers and carers	Upgrade and maintain (as appropriate) current policies, brochures, posters, guides and websites Specifically: • Language Services Policy (2 years) • Cultural Diversity Policy (3 years) • CDC Terms of Reference (annually) • Guide to Working with Interpreters (2 years) • Brochure and poster on Interpreter Services and Cultural Diversity Training (2 years) • Cultural Diversity website on internet and intranet (every 6 months)	Up-to-date policies, committee terms of reference, interpreter guide and brochure as well as working guidelines available on the SVHM intranet and internet	2015 2014 2014 2015 2015 6 monthly	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	2 3 1 2 2 Annually

				2016	CDC Annual Activity Report	Annually
	2. Allocation and specification of financial resources for cultural responsiveness	Employment of a Cultural Diversity Program Coordinator (CDPC) to resource staff and conduct training with staff about cultural awareness and how to provide culturally responsive care	- Comprehensive staff training calendar - Monthly information broadcasts on cultural festivals/events - Coordination of Culturally specific events to raise awareness of cultural issues - Availability of cultural resources (eg electronic newsletters, brochures, pamphlets) to staff -development of in-house resources, tools to improve culturally responsive care - availability of in-house specialist advice on cultural aspects of SVHM projects/tools.		ACSAA Outcome 3.8 Quality of Care Report	
		Continued provision of in-house interpreting services	Continued availability of in-house interpreting services			
		Regular application for external funding for staff forums on topics relating to culturally responsive care	Forums and cultural events for staff to raise cultural awareness			
		Bi-annually updated web pages on SVHM intranet and internet on cultural diversity and interpreter services with links to culturally appropriate information	Up-to-date resource available for staff to gain culturally specific information			

	3. Development of appropriate information technologies and strategies for data collection, reporting and sharing information on cultural responsiveness	Continue reporting which will use data from the patient administration system, interpreter booking database, All Graduates, OnCall and online training Specifically: - annual reports on Interpreter Services SVHM - training reports on training sessions conducted by CDPC - regular report by CDPC to CDC members - reports extracted from online training module on culturally responsive care	Maintain current information technology strategies Reports on an on-line cultural awareness training tool for staff which support the regular on-site training available	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	4. Monitoring of SVHM community profile and changing demographics supported by employment of relevant in-house interpreters, appropriate translations and signage	Identify CALD communities living within the St Vincent's metropolitan catchment area Collect and analyse ABS – 2011 census data regarding Boroondara, Yarra and Darebin LGA demographics Collect and analyse data from Patient Administration System (PAS) and All Graduates/OnCall	Report annually on link between demographics and top staff interpreter languages through news items, reports, and white papers on the intranet and internet	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

	5. Partnerships with multicultural and ethno-specific community organisations in the area/ region are developed and maintained	Maintain current links and partnerships Specifically liaise with: - Victorian Hospitals Diversity Network (VHDN) - Office of Multicultural Affairs and Citizenship (OMAC) -Centre for Cultural Diversity in Ageing - Centre for Culture, Ethnicity and Health (CEH) -TIEAG (Translation and Interpreting External Advisory Group) -Palliative Care Victoria	Continued links with local multicultural and ethno-specific community organisations	2016	CDC Annual Activity Report ACSAA Outcome 3.8	Annually

Domain 1

Organisational effectiveness

Standard 2

Leadership for cultural responsiveness is demonstrated by the health service

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Measures	Numerator: The number of senior managers who have undertaken leadership training for cultural responsiveness Denominator: The total number of senior managers	Continue to promote on-line training module as an option for cultural awareness training for senior management. Continue to gain opportunities to present at senior management level by networking and developing specific sessions for senior management. (eg Provide an annual opportunity for senior managers to attend a cultural diversity workshop across the health service.) Gain funding to provide a half day workshop on cultural responsiveness aimed at senior management, free to SVHM staff (for a fee for outsiders).	Training module for all staff including senior managers (linked to standard 6) Increase in attendance of face-to –face training of senior management	2016 2015	CDC Annual Activity Report Quality of Care Report	Annually

Sub-measures						
	1. An executive staff member has portfolio responsibility for cultural responsiveness and Key Performance Indicators (KPIs) against the Cultural Responsiveness Plan	Current executive staff member (Director of Mission) to continue as member of CDC Replacement of vacancy if and when necessary	Ongoing executive staff member with portfolio responsibility for cultural responsiveness and Key Performance Indicators (KPIs) against the Cultural Responsiveness plan	2016	CDC Annual Activity Report ACSAA Outcome 3.8	Annually
	2. Employment of a cultural diversity staff member where 20 per cent or more of health service patients are of CALD background	Regularly acquire data on CALD patients to support the need for a Cultural Diversity Program Coordinator Specifically: • Collection and analysis of ABS Census data of 2011 regarding demographics of Boroondara, Yarra and Darebin LGA • Collection and analysis of data from Patient Administration System (PAS) and interpreting agencies used across SVHM	Continued employment of the Cultural Diversity Program Coordinator	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Sub-measures	3. Research opportunities are identified and undertaken to develop new and improved initiatives and resources for cultural responsiveness	Active participation in seminars and conferences by members of the CDC Development of annual projects which may assist in providing better culturally responsive care (eg Forums, CaLD survey, Audits) Continued liaison with research projects conducted at local tertiary institutes which would further understanding of ways to provide culturally responsive care Continued development of training modules for training programme on cultural diversity workshops for staff	Supported and extended knowledge base of CDC members in the area of culturally responsive care Supported and extended knowledge base of staff members in the area of culturally responsive care Supported and extended knowledge base of CDC members in the area of culturally responsive care Greater insight into the needs of CALD community groups Supported and extended knowledge base of staff members in the area of culturally responsive care	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	4. Training opportunities for senior managers on: • culturally responsive service delivery strategies • conducting organisational cultural assessments/audits	Conduct a follow-up survey on cultural competency training attended by senior managers every three years Develop a workshop on culturally responsive service delivery for senior managers to be rolled out in 2015.	Increased awareness and improved cultural competence of senior managers	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

Domain 2
Risk management

Standard 3
Accredited interpreters are provided to patients who require one

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Measures	**Measure 3.1** Numerator: Number of CALD consumers/patients identified as requiring an interpreter and who receive accredited interpreter services Denominator: Number of CALD consumers/patients presenting at the health service identified as requiring interpreter services **Measure 3.2** Numerator: Number of community languages used in translated materials and resources Denominator: Total number of community language groups accessing the	Bi-annual audit to determine numerator and denominator. The audit will detail: • number of patients registered with the interpreting icon • number of patients with icon who received interpreter services Conduct an audit of units'/departments' use of currently available translated material in Languages Other Than English (LOTEs) Develop denominator based on PAS and interpreter booking data, interpreter agency data to identify top 20 community language groups	Bi-annual audit of Interpreter services to measure the extent to which the demand for interpreter services is being met Audit conducted every three years of translated materials distributed by the hospital.	2016 2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually 3

	service	that access the service				
	Gaps to be resolved	**Actions / Strategies**	**Target outcome**	**Review date**	**Links to other CALD reporting frameworks, accreditation, etc.**	**Reporting period / Year**
Sub-measures	1. Implementation of the Department of Human Services *Language services policy*	See Measure 1.4	See Measure 1.4		See Measure 1.4	
	2. Documentation of lack of provision of interpreters and reasons why (including face-to-face, telephone interpreting)	Document lack of provision using outcomes of bi-annual audits. (That is, register reason for non-attendance, refusals or staff failing to request)	Documentation of occasions of failure to provide interpreter services	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	3. Audit of documentation of provision/use of interpreter in medical files	No action/strategy possible at this stage				
	4. Policies on informed consent include directions about the role of interpreters and family	Maintain and regularly update policies, brochures, websites as appropriate (see sub-measure 1.1) Scope the possibility of development bilingual or translated consent forms	Clear guidelines about the role of interpreters and family in clinical consultations and the taking of informed consent	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	**3**
	5. CaLD patients feedback on the level of consumer engagement in decisions about treatment and care planning	Conduct phone survey with assistance of interpreters and/or trained bilingual workers Include questions on culturally responsive care	Greater understanding and awareness whether CALD needs are being met	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

	6. Evidence of appropriate translations, signage, commonly used consumer/patient forms, education and audio visual materials, in languages other than English for predominant language groups utilising the service	Continual review of signage, commonly used consumer/patient forms, education and audio visual materials, in languages other than English for predominant language groups utilising the service in outpatients. (Wayfinding committee) Bi-monthly meetings between Communications department, Interpreter Services Department and Cultural Diversity Program Coordinator.	Culturally appropriate material available for CALD communities using the service	2016	DoH Activity Report CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3
	7. Quality/risk management committee(s) develop initiatives to track miscommunication errors for CaLD consumers/ patients	No action/strategy possible at this stage				
	8. Number of cases reported through 'adverse event' reports related to communication issues for CaLD consumers/patients	Develop guidelines on risk levels for complaints lodged through VHIMS, including steps staff need to take when unaccredited interpreters provide IS or there are breaches of professional behaviour	Greater awareness of staff when to register adverse events in VHIMS.	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3
	9. Number of complaints lodged by CALD consumers/patients	Meet with Patient Liaison Officers to discuss and identify issues.		2016	DoH Activity Report CDC Annual Activity Report ACSAA Outcome 3.8	3

	10. Strategies in place to communicate with CALD consumers/patients even when the CALD demographics are low	Cultural diversity training on how to communicate across cultures, with a focus on non-verbal/verbal communication across cultures. Continued promotion of telephone interpreting as an alternative to face-to-face interpreting Audit of electronic interpreting apps used by staff to recommend possible apps which can be used in a sub-acute setting Explore feasibility of development and implementation of an in-house language app available for use in sub-acute setting (funding permitting) Inclusion of training around the use of communication ("cue") cards, bilingual staff and family members as last resort, including a segment on raising awareness of their drawbacks.	Heightened awareness of the risks involved in using language apps, communication cards, bilingual workers and family members for interpreting clinical information. Raised awareness around use of non-verbal cues as a means of communicating. Availability of another language tool (in-house STVM electronic language application to improve communication in the sub-acute setting.	2013	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3
	11. 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.)	Limited scope due to lack of resources Maintain current links with local universities Commence longitudinal study on PAS CaLD stays at SVHM	Contribution to collaborative projects Gain statistical evidence of the benefit of interpreters and cultural awareness training in reducing the hospital LOS of CaLD inpatients.	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3

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

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Measures	**Measure 4.1** Numerator: Number of CALD consumers/ patients who indicate their cultural or religious needs were respected by the health service (as good and above) Denominator: Total number of CALD consumers/patients surveyed on the Victorian Patient Satisfaction Monitor (VPSM) or other patient satisfaction surveys	Liaise with Quality & Risk representative on CDC Conduct the annual CaLD survey instead of the VPSM. Integrate results from the consumer register run through the Quality & Risk Department	Direct input by CALD consumers in a culturally responsive way to ensure a greater percentage of feedback on services provided.	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	Measure 4.2 Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher, etc.) are implemented and reviewed on an ongoing basis	Liaise with Quality & Risk representative and Food Services to attain necessary documents, policies etc. on Nutrition Strategy Policy and STV menu. Conduct short surveys with CALD patients on new STV menu	Up to date policies and procedures for the provision of appropriate meals.	2016 2013	CDC Annual Activity Report ACSAA Outcome 3.8	Annually

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Sub-measures	1. 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	Liaise with Quality & Risk representative on CDC Conduct annual CaLD survey and report results directly to interested parties to feed into planning and development of services and support and through annual reports	Planning and development of services and support gain knowledge about CALD needs that have to be integrated	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	2. CALD patient satisfaction data collected and analysed (VPSM and other)	See sub-measure 1				
	3. Consumer evaluation of cultural appropriateness of particular programs or services	See sub-measure 1				
	4. 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	Development of STV Cultural Competence Resource on 5 main ethnic communities to inform instruments of assessment Audit of electronic interpreting apps used by staff to recommend possible apps which can be used in a sub-acute setting	Greater awareness of staff of the cultural considerations that need to be considered in improving instruments of assessment.	2014 2015	CDC Annual Activity Report CSAA Outcome 3.8 Quality of Care Report	3

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

	Gaps to be resolved	Actions / Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period / Year
Measures	CALD consumer membership and participation is demonstrated in the Community Advisory Committee (CAC), the Cultural Diversity Committee (CDC), or other specified structure	Appointment of CAC representative representing CALD consumers Link between CAC and CDC is maintained and fostered Liaise with Q&R representative on CDC regarding CALD representation on CAC Reciprocal availability of minutes of meetings Annual presentation to CAC by CDC on service activities Annual CaLD survey, outcomes of which are reported back into the CDC CAC, QoC Report and communicated to relevant parties.	CALD consumer input in performance review and quality improvement of services and support	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

Sub-measures						
	1. 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. CALD consumer and stakeholder involvement in performance review and quality improvement processes	Maintain direct reporting between CDC, CAC and Executive Annual presentation to CAC by CDC on service activities Annual presentation by Executive on CDC to the board Tabling of Quality of Care Report which includes annual report on CDC service activities	CALD consumer input in performance review and quality improvement of services and support	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
	2. Policies in place for facilitation of different degrees of participation from CALD consumers, carers and community members	Maintenance and regular upgrade of current policies. Namely, Cultural Diversity Policy and Terms of Reference of the CDC Liaise with Quality & Risk representative regarding degrees of participation	Policies which facilitate participation by CALD consumers in service and support delivery	2016	CDC Annual Activity Report ACSAA Outcome 3.8	3

Domain 4
Effective workforce

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

	Gaps to be resolved	Actions/Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period/ Year
Measures	Numerator: Number of staff who have participated in cultural awareness professional development Denominator: Total number of employed staff within the current two year period	Continue registration on data of staff participation in cultural awareness sessions Continue promotion of online cultural awareness session which also registers necessary data for numerator	Data on percentage of staff which have participated in face to face cultural awareness training as well as online training; data on departments/staff that need to be approached;	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually
Sub-measures	1. Budget allocation for culturally responsive workforce development	Continue funding for CDPC position at SVHM and continued funding for providing in-house interpreting services	Comprehensive in house cultural diversity training program In-house interpreters for languages in highest demand	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	Annually

| Sub-measures | 2. Suggested training opportunities for staff (i.e. admission, reception, clinical staff, management, executive) on:
• provision of language services and use of interpreters (at commencement of employment, as part of orientation program)
• culturally responsive service delivery strategies
• conducting organisational cultural assessments/audits
• conducting cultural assessments to understand consumer/patient's explanatory model for health and illness | Maintenance and development of comprehensive training programme (currently 17 modules) for all staff

Continued participation in the Orientation programme.

Monthly standard broadcasts on culturally relevant events and religious festivals

Advertisement of training available on cultural awareness and working with interpreter services

Annual needs analysis and research and upgrade of current training sessions

Continued input in making services, strategies across the health service more culturally responsive.

Continued research in CaLD health literacy and raising awareness of cross cultural health views and beliefs through the orientation program, cultural diversity workshops, and articles posted on the intranet.

Forums, presentations to senior management on culturally responsive care at SVHM | Availability of comprehensive in house training program including on line training to all staff at STV

Well supported staff in their ability to provide culturally responsiveness care. | 2016 | CDC Annual Activity Report
ACSAA Outcome 3.8
Quality of Care Report | Annually |

3. Demonstrated post training staff evaluation on effectiveness and application of professional development	Continued pre and post training evaluation of all training sessions conducted at SVHM by staff Summarise feedback of staff in report to individual Departments. Annually summarise all feedback Longitudinal study to link the provision of cultural awareness training to better CaLD care in terms of length of stay. Conduct staff evaluation on effectiveness of training, every two years.	Continued improvement of cultural diversity workshop modules and training program overall. Projectively – better outcomes and shorter stays for CaLD consumers (to be demonstrated through longitudinal study on linking the training with PAS data)	2016	DoH Activity Report CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3
4. Human resources management policies and practices include cultural responsiveness references in position descriptions, performance review and promotion	Continue to assess current HR policies Continue to liaise with HR representative on CDC	Up to date culturally responsive HR policies and practices	2016	DoH Activity Report CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3
5. Internal communication systems for sharing cultural diversity information and data are developed, maintained and periodically reviewed	Maintain and continually upgrade current communication systems Chair and secretary of CDC to liaise with communications representative on CDC on a bi-monthly basis Continue to develop and upgrade: - monthly broadcasts - internet/intranet websites	Up to date communication systems for sharing information on culturally diversity	2016	CDC Annual Activity Report ACSAA Outcome 3.8 Quality of Care Report	3