

migrant-friendly hospitals

Final Report MFH Project at: Hospital Punta de Europa, Algeciras-Cádiz, Spain

The southernmost entrance to the European
Health systems - The MFH experience at Hospital
Punta de Europa

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Financially
supported
by the
European
Commission

bm:bwk

Co-funded by
bm:bwk –
Federal Ministry
for Education,
Science and
Culture (Austria)

Pilot hospitals
from 13
member
states of the
European
Union

Supporting
partners



Co-ordinated by LBISHM,
WHO Collaborating Centre
for Health Promotion in
Hospitals and Health Care,
Institute for Sociology,
University of Vienna

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Introduction – The Hospital

Location of hospital

Our hospital is located in the health authority district of Campo de Gibraltar, at Algeciras in the far south of Spain, near the Strait of Gibraltar.

We cover – with two hospitals and ten primary care health centers – the health needs of 234,000 inhabitants, in an area which finds itself in economic expansion, with a young and growing population. Our location in the very south of Andalusia means that we are at the very southern edge of Europe, only 18 km from the African shore.

Hospital ownership

Our hospital is integrated in a publicly owned health service, the Andalusian Public Health System (SSPA), which has a policy of full equality in access to our public service, ensuring free health care to all people, also in cases of undocumented migrants. Through other public organisations like *Fundacion Progreso y Salud* and different agreements with trade unions and NGO's, Andalusia is already making a special effort to integrate migrant communities and improve their health status.

Specialisation and capacity

Hospital Punta de Europa is a small-town community general hospital with a total of 350 beds.

Though our staff is predominantly composed of Spanish nationals, we have people from Latin America and the Maghreb among our staff, as well as nationals who themselves have a migrant background.

Board of directors	5
Medical staff	154
Residents	10
Nursing staff	569
Other workers	316
Total staff	1,054
Total admissions	12,135
Stays	85,394
Average stay (days)	7.0
Occupation percentage	75.50 %
ER/ANE	
Total of emergencies attended	68,636
Daily average rate of emergencies	184
Daily average rate of admissions (thru ER/ANE)	23

Clearly enough, the demography of the population we attend to in our hospital is strongly influenced by our geographical situation.

Every year, around two million people from the Maghreb cross the Strait of Gibraltar between Spain and Morocco. These are mainly workers and their families going to visit their relatives, coming a few years ago mostly from central European countries but now from Spain itself as well. Our health coverage area is changing in character from being a transit area to being a settlement area.

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Additionally, some of our patients are undocumented immigrants.

In short, three groups of migrant or non-national populations use our health services:

- Population in transit (Europe to Africa, Atlantic to Mediterranean)
- undocumented immigrant population, although this group has decreased considerably in size due to the increased surveillance in the Strait of Gibraltar
- A growing resident immigrant population within our catchment area

2. Local project

Motivation and expectations

- Accept the challenge of change
- Send a clear message to all stakeholders: "We care."
- Improve the quality of service to migrant and ethnic minority populations and thus improve the quality of the whole system
- Integrate our hospital in a promising European quality development network
- Exchange experiences with other hospitals
- Collect and promote resources already in place that may be insufficiently known to stakeholders
- Reduce staff workload by reducing the stress of staff during cross-cultural encounters
- Increase staff conflict management skills
- Include cultural diversity as a dimension to be addressed by health workers in their curriculum
- Develop systematic and permanent needs assessment for our migrant clientele
- Increase the level of comfort of migrant clientele and staff
- Reduce malpractice possibilities
- Reduce the costs due to unnecessary complementary tests
- Reduce the average rate of hospital stay
- Reduce the number of unnecessary stays
- Incorporate the point of view of health professionals, patients, patients' relatives and advocacy groups in planning health care measures
- Address traditional topics from a multidisciplinary approach: medical, nursing, social work, administration, food services...
- Reinforce links between hospital and social actors
- Acknowledge social actors' voices within the health system

Local project partners

Steering committee

- Ms. Carmen FERNANDEZ GUERRA (Social Worker, HPE)
- Mr. Luis TORRECILLA ROJAS (Midwife, HPE)
- Dr. Cesáreo GARCIA ORTEGA (Admissions Service, HPE)
- Dr. Gregorio MONTERO CHAVES (Physician, Tarifa Health Center)
- Dr. Elias SIMON MORALES (ANE Dept. Clinical Coordinator, HPE)
- Dr. Federico SIERRA BENITEZ (ANE Physician, HPE)
- Mr. Juan Antonio SANCHEZ GUERRERO (Quality Assurance, HPE)

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- Ms. Marien SANCHEZ OLMEDO (Nursing Coordinator, Primary Attention District C. Gibraltar)
- Ms. Henriette GOMBAULT (Migrant Community Representative, Algeciras Acoge)
- Ms. Encarna MARQUEZ IGLESIAS (Migrant Community Representative, Algeciras Acoge)

Focal Person:

- Mr. Antonio SALCEDA DE ALBA (Head Nurse, HPE)

External support

Support by hospital management

The first step to get involved in this project was taken by our former CEO, Mr Jose Manuel Galiana Auchel. Given the personal involvement of the director, support at that level was guaranteed. He kept a close eye on every development, remaining in direct communication with the focal person.

However, no other hospital management representatives (medical, nursing, finance) were initially involved. In further steps, nursing and medical directors were also updated on a regular basis. We received support, but in some cases more nominal than actual.

- We talked about changes at very different levels and we kept lines of communication open with management, staff and clients; we developed and distributed brochures, flyers, posters, a website...
- Personalized letters of intent were sent to all responsible persons in the departments on behalf of the CEO, introducing MFH and providing relevant information concerning MFH issues. More in-depth info was sent to clinical and nursing department heads, especially to those target departments that are more directly involved in providing health care to migrants
- We wanted to give to all parties involved a clear idea of what we wanted to achieve, what they could expect and how they could take part...

Support by and cooperation on the local and national levels

At the start there were already some organisations that had been traditionally working to improve health care for migrant populations. Some of those were non-governmental organisations, others were trade unions, yet others were even public organisations addressing these issues. We acknowledged this, by aiming to integrate our work with theirs .

In Andalusia, we work in the context of a pre-existing agreement and protocols between NGOs, labour unions and our autonomous government – the *Junta de Andalucía* – aimed at improving the quality of life for migrant populations and ethnic minorities in our region.

It was both an advantage and a challenge for us to have such a pre-existing public organisation and agreements promoting and co-ordinating efforts to improve migrants' and ethnic minorities' quality of life and access to public health resources. This public organisation, named *Fundación Progreso y Salud*, depends on the Andalusian Ministry of Health (*Consejería de Salud*), as does the SSPA, the Andalusian public health system.

Andalucía Acoge (www.acoge.org) is an NGO federation established in 1991. The aim was to join forces in order to present a more efficient and global response to the immigration phenomenon, experienced in Spain only fairly recently, since the early '90s. *Andalucía Acoge* adopted the

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status of a non-profit, non-political and nonconfessional organisation working in the field of immigration.

Andalucía Acoge tries to put into practice, in an organised and conscious manner, the ideal of universal solidarity and justice. A concept of the individual and the society that emphasises the dignity of every person supports this value of solidarity. That means that the human medium and culture which have formed us must be taken into account, but without leaving behind the individuality and singularity of each person.

We wanted to give the immigrant representatives and advocates a voice inside our local project and acknowledge the good work that the delegates of *Acoge* had been doing in our area for years. We invited them to become members of our steering group from the very beginning and they also played an important role as trainers in our pilot cultural competence course (MFH Subproject C).

The “Overall Project” – Goals and measures

The overall project had to be integrated with pre-existing organisations and efforts already in place, acknowledging their work, taking advantage and co-operating with them, sending a clear signal to persons or institutions eager to collaborate with us, and producing visible outcomes within a reasonable time and budget. To achieve this, we were active in three main areas: networking, marketing and products.

NETWORKING with NGOs in the field of migrant health care.

Algeciras Acoge, as a highly experienced group of very committed people, was invited and included in our strategy for co-operation on continuing education for staff, and to give a voice inside the hospital to social actors. *Tarifa* and *Algeciras Red Cross* are groups with which we will negotiate cooperation in areas of mutual interest (transfer conditions to hospital, interpreting service, continuous education...). Several NGOs, including *Salut i Família*, an NGO located in Catalonia, have shown their interest in our local developments.

In our plans we had other health organisations which contacted our team for project information. Some of these organisations were national such as some hospitals from the north of Catalonia, and some were regional such as other SSPA hospitals. Hospitals abroad, like e.g. Bradford NHS, appeared very early as potential co-operation partners. Bradford NHS's breastfeeding video was developed in Spain into a multilingual DVD, available now for use in both hospitals. We obtained permission from Massachusetts General Hospital to work on adapting their point-to-talk booklets into languages of local interest.

Other organisations and some of the public organisations such as *Fundación Progreso y Salud* were our natural partners in the region. Every year, a general meeting is held in Seville to coordinate, promote and make visible within the framework of the above-mentioned Andalusian migrant health network the developments achieved on these topics in the various areas of Spain and internationally. We were invited to hold plenary presentations of our MFH project at the 2003 conference (Mr. Antonio Salceda de Alba) and again in 2004 (Mag. Dr. Ursula Trummer). Additionally, we are involved in promoting the documentation produced by the network. Beginning in May 2004, our hospital was the first in Andalusia to use the multilingual clinical interview sheet.

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Marketing

This is another front on which we worked hard from the beginning, both internally and externally. We talked about changes at very different levels and changes always generate stress, expectations and some degree of uncertainty, even fear. We kept lines of communication open with management, staff and clients. We aimed to give all stakeholders a clear idea of what we wanted to achieve, what they could expect and how they could best take part...

An easily recognisable style was used in our communication materials, with "trademark" colours and graphic design. We used the official *Junta de Andalucía* fonts and logos. An specific local MFH logo was designed, making our information very easy to identify.

Internal Marketing

Most of the relevant information was available to staff in our notice board, easily accesible in a highly frequented area, and it was updated regularly. Formal presentations, brochures and flyers explaining the main concepts of MFH project, where and whom anyone interested in collaborating with us could contact, what our expectations were and what their expectations regarding the project could be. The documents were distributed among internal stakeholders, during the promotion and needs assessment phases. Posters containing more or less the same information were posted in wards, health centers, etc. Our staff support office – *UAP* – was included in our promotion and contact strategy, both internally and externally. Personalised letters containing relevant information were sent to target groups, including trade unions, medical and nursing department heads, management of both hospitals and primary care services, and professional organisations.

External Marketing

The external marketing was designed to keep the general public and potential users well informed and also to attract collaborators. When promoting the MFH project, media relations was a critical area. Most of the press releases and most of the contacts with the media were made through our health area press office, which worked to link those of us implementing the project on the local level with local, national and foreign media by means of press releases, interview requests, publicity of awards won by the hospital, etc.

A website was designed, aimed at keeping open lines of communication on the internet with both the public and potential collaborators, and was made available in Spanish, French, Arabic and English.

We also assumed the task of promoting and distributing the relevant documentation already in place. We discovered many resources to be available that were relatively unknown to their potential users, so we worked to assess the resources and follow up by promoting our findings among the potential users.

Some of these documents were developed at HPE, like those regarding informed consent and multilingual charges and duties, both available in English, French, Arabic and Spanish.

The charter of rights and duties in the Andalusian Health Systems (*SSPA*) is a public document that informs patients and families about their rights and responsibilities within our public health system. Originally it was available in Spanish only, but we felt it was necessary to spread the word in other languages. Now it is available in French, English and Arabic.



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The informed consent document, available in French, English and Arabic, is a document found on a widespread basis in hospitals and other health care services. It empowers patients/clients by providing them with the necessary information concerning the risks of and/or need for a clinical procedure in a language they understand.

Other documentation was developed by others:

The MGH (Massachusetts General Hospital) point-to-talk booklet, which is a comprehensive written document that covers most common situations in a clinical setting is available in many languages; we made the Spanish/English version available at HPE. We are currently developing Spanish/French, Spanish/Arabic and Spanish/Russian versions to be used in the near future. The patient or the health professional has only to point to the statement or the request and then show it to the other..

Among the documentation produced within the Andalusian migrant health network one finds the following:

Brochure on AIDS and other STDs

Addressed specifically to migrant populations, it contains information on diseases and symptoms as well as telephone numbers and addresses where additional help or information can be requested. Highly illustrated, it is available in seven languages: Spanish, French, English, Arabic, Russian, Romanian and Chinese.

Health and women's rights

Due to women's position in many of the migrant cultures we deal with, this publication focuses on providing migrant women with information concerning their rights and about access to health services. It provides addresses where they can best request help or more information. It is available in two different volumes: one in Spanish, English and Romanian, and another with the same information in Spanish, French and Arabic.

Keeping our colleagues informed has been a further aspect of our work

The guide to providing health assistance to migrants is addressed to those working in our field and offers extensive advice and information related to: improving clinical interactions with migrant populations; clinical exploration; the demography of migrant populations in Andalusia; cultural, social, and health characteristics of migrant populations; more prevalent pathologies; nursing process peculiarities in these populations. An appendix contains a small dictionary in French, English, Arabic and Russian with the words most frequently used in clinical interviews.

Health portfolio / Portable clinical history

The portable clinical history is a very useful instrument for health professionals as it allows them to refer to a full record of incidents related to the migrant patient's health, ensuring health care continuity wherever the patient is currently living. Obviously it was designed with migrants in mind who have no permanent residence (e.g., agriculture workers). This record also provides the migrant him/herself with relevant information concerning the Andalusian public health system and how to access health care services.

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Multilingual clinical interview sheet

The multilingual clinical interview sheet is a self-administered questionnaire containing the basic questions of an emergency anamnesis. It covers the clinical background of the patient and his/her social networks, with a specific section for women, and then it goes on to the anamnesis with questions on general pain, persistent headache, bone and joint pain, chest ache, belly ache, obstetrics, etc. The documents are for clinical use and the information contained is obviously confidential. It is available in five versions: in English, French, Russian, Arabic and Chinese. It improves the effectiveness of the communication between health worker and the patient, mainly in emergency situations, and so increases the patient's confidence in it. Most questions can be answered by simply marking an option with an "x".

Participation in the European subprojects

Our participation in the MFH project is part of a long-term strategy. We felt that besides addressing organisational changes in order to make the project and its outcome sustainable and viable in the future, we had to make clearly visible a part of the iceberg and thus address practical, everyday issues to give to our staff and clients a clear image that things were already changing. The results of our local needs assessment showed that language barriers, cultural barriers and perinatal health were our main areas of concern. So, keeping in mind our MFQQ baseline results, we made the decision to participate in all three subprojects, concentrating our efforts in the more relevant services, obtaining practical and visible results within the timeframe given, and keeping our feet on the ground in terms of our budget!

The three subprojects were:

- "Improving Interpreting in Clinical Communication":
We decided to develop this service – even beyond the project – by agreements with external stakeholders and by creating an employee language bank, following an initial failure to develop this service within the MFH schedule.
- "Culturally and linguistically adequate information and education in mother and child care":
In the context of this subproject a multilingual DVD on perinatal health care was developed by our group on the basis of a previous Bradford Teaching Hospital VHS. This was a fruitful joint experience and was very positively accepted by both staff and clients.
- "Staff training towards cultural competence":
We took part in this project in implementing a pilot course on culture, health and migration developed in co-operation with our partner NGO *Algeciras Acoge*. Given the positive result, more such experiences are being planned and will be developed in the near future. Courses in a variety of relevant fields of are being targeted: foreign language skills for staff, cultural diversity in health for migrant patients and families, working with diversity, etc.

But there were more invisible parts of the "iceberg" of tasks we see. To take advantage of staff expertise in different fields like languages, migration background, etc, it is necessary to develop an employee knowledge bank. Participation should be on a voluntary basis, and available to all staff via our Intranet, and it must be easy to update. This would enable us to make another contribution to our partnership strategy by getting staff more involved, gaining access to transversal knowledge and managing it more efficiently. To ensure the viability and sustainability of these measures, a group was formed to cooperate as experts on MF with the continuing professional education department, so that these topics can be included in the normal CPE program for the year and migrant-friendliness (MF) can be maintained as a specific aim in it. Very probably a similar group will be created out of the steering group following the conclusion of the



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MFH project, working to keep MF on the agendas of the managers and department heads in our health district.

Recommendations for other hospitals that want to become involved in MFH/CC

Stay as open-minded as possible. There are surprises in store for most hospitals and health organisations once they start to explore diversity. Hospitals as institutions are in fact living organisms, made of people, and it is of course these people who define the institutions and the society they live in. Societies are in permanent change, and health services must evolve together with them.

Diversity implies that there are disparities among us – and similarities as well. Some of the disparities that exist, however, make certain groups of people more vulnerable than others. In the framework of this project, the relevant disparities have to do with levels of health, health literacy, and access to health resources.

Migrant-Friendly Hospitals has been an example of how we can respond and what kinds of responses we need in order to honour our commitment to the populations we serve. In speaking of migration, cultural diversity and health care, we are speaking of larger issues of demography, politics, economy, etc. But as we set out on this path, we begin a discourse on the human and absolutely personal dimension.

A clinical encounter with the patient and his/her relatives is in the end a personal interaction between people. As health workers, we often play one particular role in this dialogue. The directions we take and the progress we make in this relationship depends to a great extent on our professional skills to accurately assess the complexity of each individual's needs, obtaining and producing feedback, and communicating in an effective way. A more person-focused way of delivering our health services, being more aware of the existing disparities – and similarities – among individuals as well as of our own prejudices and stereotyping will be an important tool for improving our clinical and personal performance.

But the improvements have to be present in the organisations as well: linking our health institutions more closely to the communities we serve; giving the real owners a voice inside the system and a way to improve it; providing the necessary human and material resources to make the changes real and to support them; assessing or monitoring client needs; appropriately addressing complaints; developing sensible and adequate professional and non-professional educational programmes – all of these will be measures we can take to improve not only the state of health of the communities we serve but also the level of comfort of professionals and the use that both groups make of health resources.

We have been working in the framework of a project aiming at the integration of migrant populations in health-related issues. By doing so, we have already improved the quality of service that we are offering to our migrant clientele in our health district and have focused on the equality and adequacy of the health services offered to our customers. Our task is now to go further in the long run of improving migrant populations' access to our public and free health resources. All the improvements that have been made with the aim of creating equality in immigrants' and ethnic minorities' health status are, in the end, returned as benefits to the whole population. Realising the concepts developed in the Amsterdam Declaration in our daily practice will prove beneficial regardless of what the origin or ethnic group or the target population is. This implies that by



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developing a migrant-friendly hospital, we obtain a really positive collateral effect: in fact, we are developing a friendly hospital.

