

Final Report MFH Project at: Connolly Hospital, Blanchardstown, Ireland

"Cultural diversity - our reality, improved cultural competence - our goal in Connolly Hospital, Blanchardstown"

Authors:
Ms. Angela Hughes
Ms. Fiona McDaid

Address:
Connolly Hospital, Blanchardstown
Health Promotion Office
2nd Floor Academic Centre
Blanchardstown
Ireland



migrant-friendly hospitals

Introduction

The Migrant-Friendly Hospital (MFH) project is a European Initiative to promote health and health literacy for migrant patients and ethnic minorities. There were 12 hospitals participating across Europe, and James Connolly Memorial Hospital was the representative for Ireland. There were also three observer status hospitals in Ireland: Our Lady of Lourdes, Drogheda, Galway University Hospital and the Midland Regional Hospital at Mullingar.

Aim & Objectives

The aim of this project was to identify, develop and evaluate models of good practice in the participating member states of the EU. More specifically the objectives were to promote the health and health-related knowledge and competence of migrants and ethnic minorities and to improve hospital services for these patient groups.

Rationale

Ireland as a multicultural society is a very recent phenomenon developing over the last 5-10 years. James Connolly Memorial Hospital serves a catchment population of 264,000 people in Northwest Dublin, which has been identified as one of the fastest growing regions in Europe.

The Irish National Health Promoting Hospitals Network announced the European MFH Project and called for pilot hospital applications.

In 2002 background research in JCM Hospital revealed that 17% of our admissions were patients from countries other than Ireland or Britain. Therefore our application to participate in the European project appeared relevant, timely and was well supported by Hospital Management.

Background work on the project began with the establishment of the MFH Steering Committee. There is wide multidisciplinary and cross-cultural representation on this committee with involvement from the Social Work Department, Clerical Staff, Patients Services Officer, Consultant from The Emergency Department, Emergency Department Nursing Co-ordinator, Nursing Representatives from acute ward areas, Catering Department, Clinical Placement Co-ordinator, Human Resources Department and Health Promotion.

Staff Awareness

The Steering Committee felt that to ensure success of the overall project and staff participation, the MFH project required an identity and thus specific information leaflets were developed for staff and for patients. These leaflets were widely disseminated around JCMH and proved very effective in raising awareness of the project.

The Steering Committee used every available opportunity to raise the profile of the project by submitting articles to the News & Views (hospital newsletter) and making presentations at ERHA Regional Seminar on Equality, at Naas General Hospital during their Cultural Fair, at the 12th

migrant-friendly hospitals

International Conference on Health Promoting Hospitals in Moscow in May 2004, and at the 2nd All Ireland HPH Conference in October 2004.

The first task for the Steering Committee was to complete a baseline overall organisational questionnaire called the Migrant-Friendly Quality Questionnaire (MFQQ) to assess the level of migrant-friendly culture, structures and processes in operation. The results of the MFQQ were fed back to the LBI in Vienna and compared in a matrix with our European partners.

The next step for the Migrant-Friendly Steering Committee was to complete an assessment of both staff and migrant patients needs in JCMH.

Needs Assessment

A very comprehensive Needs Assessment Kit was provided by the LBI, which provided a range of options for conducting the needs assessment in each organisation. The MFH Steering Committee chose a combination of methods to ascertain the needs of staff and patients. For staff, in-depth interviews with heads of departments who had frequent contact with Migrant Patients were selected; two staff members who provide services to migrant patients in their daily routine, namely one nurse and one medical staff member, were also interviewed.

Eleven departments were chosen for the needs assessment and participated successfully.

The Steering Committee chose to conduct in-depth interviews with five experienced Migrant Patients in eliciting their opinions.

The Needs Assessment identified the following as issues for both staff and patients:

- Language/communication barriers
- Lack of timely access to translators
- Cultural barriers

As there are no maternity services in JCMH, participation in Subproject B was not feasible, therefore, the MFH Steering Committee decided to participate in Subproject A and Subproject C.

Subproject A (SP A): Improving Interpretation in Clinical Communication

Subproject group A was established with multidisciplinary representation from the main Migrant Friendly Hospital Steering Committee and representatives from participating departments.

Four models/departments were selected as pilot sites for the SP A: the Emergency Department, Patients Accounts, Out-Patients Department, and the Diabetic Day Centre.

The LBI presented various strategies to achieve the aim of SP A:

- The development of an in-house employee language bank
- The employment of professional interpreters in JCMH
- Contracting interpreters through an outside agency

migrant-friendly hospitals

SP A group considered all options. The development of an in-house language bank was not possible as the resources to develop, co-ordinate and maintain the register of in-house interpreters was not available. The employment of specific interpreters did not meet the needs of JCMH as the range of languages utilised is too varied. Therefore SP A group decided to focus on improving our working processes with Professional Interpreters through an outside agency.

The implementation of SP A commenced in January 2004.

To optimise processes in existing interpreting services the SP A Group decided to assess the quality of the interpreting services used in JCMH. The Focal Person and the Deputy Focal Person conducted interviews with both agencies providing interpreting services in JCMH. The purpose of the interview was to review the Professional Interpreting agency's recruitment procedures, screening of interpreters, language proficiency testing, training provided, code of conduct and confidentiality contracts.

One agency proved to provide service with a higher standard of quality and therefore, in conjunction with the Finance Department, it was decided to work with one agency only, to ensure that the highest quality interpretation was available to our Patients and Staff.

The Subproject A group decided to develop a Resource File for each participating department; to raise staff awareness of how to access the interpreting service and also to provide staff and patients a resource to assist in brief interactions.

The Resource File was comprised of:

- Guidelines for staff to access the interpreting service
- Staff evaluation forms to assess the effectiveness and quality of the interpreter
- Confidentiality forms for interpreters to sign which are placed in patient charts
- "Point to talk" sheets for staff in three languages (each phrase is written in English and copied in another language underneath).
- "Point to talk" sheets for patients in 19 languages
- Pictographs with text in 11 languages
- The JCMH Resource file was accompanied by 'Access Ireland' Intercultural Resource file on each participating department.

The Massachusetts General (Boston) website proved to be a great help in the development of the resource file. www.massgeneral.org/interpreters

Evaluation

All evaluation tools were provided and analysed by the LBI for benchmarking purposes. Interim results of overall MFQQ and both subprojects were presented at the MFH Closing Meeting in September 2004 in Dublin.

Subproject A was evaluated using both pre- and post-intervention evaluation completed by staff in the model departments and measure documentation sheets completed by the Subproject A Project Manager.

160 pre-intervention questionnaires were disseminated to staff in participating departments and 106 questionnaires were returned. Completed questionnaires were placed in sealed envelopes and sent to LBI for analysis. Results were fed back to each individual hospital and also used in the overall European analysis.

migrant-friendly hospitals

Post-intervention questionnaires were disseminated to staff on completion of the implementation phase (9 July 2004) using the same method as the pre-intervention questionnaires; 61 questionnaires were returned.

Interim results

- Initial review of the interim results indicates that the implementation of the resource file was successful in achieving the aim of Subproject A. The most common foreign languages presenting to JCMH are Romanian, Bosnian, Russian, African Languages, French and Arabic.
- Interim results illustrate a 9% increase in the use of professional interpreting services either face-to-face or over the phone. Initial results also indicate an 11% decrease in the inappropriate use of a child under 18 brought by a patient to interpret.
- Overall, there was a 10% increase in staff satisfaction with the quality of the interpreting service offered by the hospital.
- 28% of staff felt that their work situation had improved through the implementation of the resource file.
- However, results also indicate that further work is required to elicit the expectations of staff and interpreters to facilitate a clear understanding of each professional's role to ensure a high standard quality successful patient interview. This issue is being explored and staff training on how to work more effectively with interpreters is currently being developed.
- The interim analysis of Subproject A has proved very valuable in identifying key areas for further improvement.

Subproject C (SP C): Improving Cultural Competence: Training Hospital Staff for providing Cross-Cultural Health Care

Subgroup C was established with multidisciplinary representation from the main steering committee, Health Promotion Department in NAHB, community partners BARN & Cultural Competence Trainer from the NAHB.

The LBI presented a 10-hour staff training programme broadly covering three areas:

- Awareness
- Knowledge
- Skills

Four model departments were selected as pilot sites for SP C: Cardiac Diagnostics, X-Ray Department, Cypress Ward and the Vascular Department.

As there were no project funds available to recruit a cultural competence trainer, significant time was spent considering the selection of a suitably experienced trainer. Due to the sensitive nature of the subject we needed a trainer working outside the hospital but within our health board. We were very fortunate to identify Mr. P. J. Boyle, who works half time in the Refugee and Asylum Seeker health screening centre and the remaining half of his work time as a cultural competence trainer in the board.

migrant-friendly hospitals

Several meetings with the cultural competence trainer were held to identify the course content using the template provided by the external project expert Mr. Robert Like from the United States.

Brief needs assessment was carried in the model departments out to facilitate decision-making concerning:

- The specific problems of staff that the training should address
- The scope, design and content of the training and the expertise required from the CC Trainer
- Pre- & Post-Training session evaluation

The Cultural Competence Training Programme for staff was provided in four modules from 18 February until 8 April 2004. Two programmes were provided to facilitate the participating departments' workload.

22 staff from the four model departments commenced the staff cultural competence-training programme.

Evaluation

To evaluate staff training towards cultural competence five criteria were assessed.

- Feasibility/acceptability of the training
- Quality of the training
- Effectiveness of the training
- Cost effectiveness
- Sustainability

The feasibility, quality, cost-effectiveness and sustainability of the training were evaluated on the basis of information received from the measure documentation sheets, progress reports by focal persons and trainers and also interviews.

Effectiveness of the training was evaluated using a standardised instrument based on the Clinical Cultural Competency Questionnaire provided by Mr. Robert Like to measure changes in self-rated knowledge, awareness, skills and comfort levels given to participants both pre- and post-training.

Pre-Training Evaluation was carried out at the beginning of Module One. 22 staff completed questionnaires, which were placed in sealed envelopes and sent to LBI for analysis. Post-training questionnaires were disseminated on completion of the 10-hour training programme and analysis was conducted in the same manner.

Interim Results

Interim results of Subproject C were presented at the MFH Closing Meeting in September 04 in Dublin:

- The results highlight that 75 % of participants were very satisfied with the training provided.
- An increase in participant's awareness of the influence of culture on people's behaviour and perception of self and others has been illustrated.

migrant-friendly hospitals

- Post-training results suggest an increase in participants' self-perceived knowledge on subjects of cultural diversity.
- Participants also appear to have improved their skills for appropriate, effective, efficient and sustainable handling of diversity as a result of the cultural competence training.
- Participants' comfort level within cross-cultural encounters and situations also increased
- 91 % of participants stated that the cultural competence training had "quite a lot" or "very significant" impact on their everyday practice.
- Finally, results indicate a 75 % increase in staff interest in cultural competence.

Final MFQQ Assessment & Overall Organisational Impact

Overall, the baseline and mid-point MFQQ highlighted that JCMH is on a par with our European counterparts in the level of services, processes and structures in place towards a Migrant-Friendly Hospital culture.

The final MFQQ assessment indicates that JCMH made improvements in a number of areas pertaining to services and quality structures towards a Migrant-Friendly Hospital environment. Significant improvements identified include:

- Measures to facilitate communication with migrant patients; interpreting services available at the hospital
- Information concerning access to hospital and information at the hospital
- Hotel services
- Medical and nursing treatment for migrant patients
- Patient education, health promotion, empowerment
- Internal and external marketing of MFH
- Provision of cultural competence training for staff

Presentations

- The MFH project was presented at the ERHA seminar on equality in March 2004 and also at Naas General Hospital during their Cultural Fair.
- The MFH project was presented at the 12th International Health Promoting Hospitals Conference in Moscow (28-30 May 2004) and at the 2nd All Ireland Health Promoting Hospitals Conference in Enniskillen (19-20 October 2004).

Next Steps

We plan to extend both Subproject A and Subproject C to all departments throughout JCM Hospital.

In collaboration with the Irish National Health Promoting Hospitals Network, we plan to develop national recommendations to implement MFH in an Irish context based on the experiences of JCMH as the pilot hospital for Ireland and the experiences of the Observer Status Hospitals.



migrant-friendly hospitals

We are currently collaborating with the Irish National Health Promoting Hospitals Network, our Italian counterparts and the LBI in establishing a European Taskforce on Migrant-Friendly Hospitals.

For further information on the Migrant-Friendly Hospital project or the Final Conference of the European project "Hospitals in a culturally diverse Europe", please contact the Health Promotion Office, James Connolly Memorial Hospital at 00353-1 – 646 5193 or www.mfh-eu.net.