

Final Report MFH Project at: Academic Medical Centre, Amsterdam, Nederland

**Improving medical care for migrant patients
contributes to better care for all patients**

Authors:

Ms. Hanneke Hartog

Mr. Sjaak Molenaar

Address:

Academic Medical Centre / University of Amsterdam

Visitors: Meibergdreef 9, 1105 AZ, Amsterdam

Post: Box 22660, 1100 DD Amsterdam, The Netherlands



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



migrant-friendly hospitals

Introduction

The AMC is a large, academic hospital. All medical specialties are represented in the AMC. It has over 6000 staff members; more than 1000 beds for hospital admissions; and also a large outpatient and day care center.

Its key activities are patient care (basic, top-clinical), medical education (medicine, medical informatics, nursing), and research (basic and clinical; divided over 7 research institutes). For detailed information about the AMC see: www.amc.nl

Local project

Motivation and expectations

In the Netherlands, a large part of the population has a "different" ethnic or cultural background. More specifically, in Amsterdam alone, more than 60 % of people younger than 19 have another ethnic background. Consequently, taking care of migrants has become an essential part of the daily routine in hospitals. However, the literature indicates that the quality of care that these patients receive may be worse than that for the indigenous population. For example, health literacy, communication, cultural barriers and lack of skills in staff may play a role. The AMC's participation in the Migrant-Friendly Hospitals project provided us an opportunity to: a) create more awareness of the needs of migrant patients; b) improve the care for these groups; and c) improve the care for all patients.

Local project partners and external support

Participation in the MFH project received approval from the Board of Directors and the Medical Director. The initiative was furthermore explicitly supported by the departments of Patient Education, Public Health, Medical Psychology, and the Emma Children's Hospital. Two focal persons (Ms. H. Hartog-Dammer, RN, and S. Molenaar, PhD), and a steering committee were installed.

Moreover, the Amsterdam Patients and Consumers Association was involved, and also the Pacemaker Foundation, a knowledge center on ethnicity and health care. Finally, Agis Health Insurance participated in the initiatives we undertook during the project period.

The overall project

A steering committee and two focal persons were appointed to implement the MFH project in the AMC. The aim of the steering committee was to initiate and evaluate an overall organizational development process. Moreover, the steering committee was responsible for all decisions that had to be made regarding the MFH project. A needs assessment of the AMC's level of "migrant-friendliness" was implemented on two occasions. The results were discussed within the group and recommendations were made to the two focal persons regarding issues and departments to be addressed.

The European subprojects

What was implemented in Subproject A?

Measures to evaluate an already existing protocol on the importance and use of interpreters have been implemented. Based upon the evaluation of the use of interpreters, the protocol was revised and re-implemented.

Why did we participate in Subproject A?

Working with professional interpreters is a key issue in improving health care for patients who do not speak Dutch.

How did we do it?

Bookings of interpreters over the last two years were carefully evaluated by the Department of Patient Education and discussed with the Dutch Translation Center (the interpreters are provided by this external agency). A new protocol was developed and disseminated throughout the AMC.

What was implemented in Subproject B?

Regarding Subproject B, a qualitative assessment of the information/communication needs of women from the Ghanaian community in Amsterdam Southeast was implemented. The outcomes of the assessment were discussed with staff members of the Department of Obstetrics.

Why did we participate in Subproject B?

Adequate patient information is a central aspect of the care process in the AMC. For example, patient information materials and information courses are provided to expecting women who visit the outpatient and clinical Department of Obstetrics. These materials and information courses may serve as a starting point for the development of culturally sensitive patient information intervention for Ghanaian women.

Women from minority groups represent a large share of clients at the AMC maternity department. For example, a large group of people from Ghana resides in Amsterdam Southeast, and pregnant Ghanaian women frequently attend the AMC. Health care workers indicate that giving information to expecting mothers from minority groups is problematic, because of: a) language barriers; b) different expectations; c) insufficient knowledge of the health care system; d) inadequate patient information materials.

migrant-friendly hospitals

How did we do it?

In-depth interviews and an additional focus group interview were held with Ghanaian women who delivered their baby in the AMC. A self-help network organisation was invited to assist in the realisation of the interviews. Topics included: a) experiences with maternity care; b) needs/expectations; c) suggestions for patient information materials; suggestions for educational interventions; d) means to reach the target group; e) ideas to improve health care. The Department of Obstetrics formed a working group together with the Ghanaian Association for Women in the Netherlands. Together they are trying to make an education program for these groups. It is still in progress.

What was implemented in Subproject C?

As we wanted to investigate necessary elements for our cultural competence training, we took a step at a different level than the others involved in this project. We found it very important to know what our migrant patients wanted us to know about illness and health on a more regular basis. To find out what patients think about Dutch medical treatment and care, we used the measurement instrument "Mirror Meeting". We developed it a few years ago and think, it works very well, but with some limitations for our migrant patients because a good knowledge of the Dutch language is an important precondition for participation. Therefore we are implementing a "Mirror Meeting for Turkish Patients". This is a pilot project for us to do more meetings with patients who have another ethnic background. We will use the results to improve quality in our hospital and to develop culture competence training programs.

Why did we participate in Subproject C?

As a teaching hospital we noticed that more and more professionals have to deal with patients with another ethnic background but do not have the tools to do so. Developing "mirror meetings" for patients with another ethnic background, based on a strategy that will be useful for professionals at the AMC, is one of the steps we deem necessary to take before implementing a teaching program for the staff.

How did we do it?

A "mirror meeting" is a quality measurement instrument. During this meeting patients are asked, within a specific format, about their experiences during their treatment in hospital. This instrument has proven to be useful for us in increasing the quality of patient care. Owing to the influx of patients with another ethnic background, however, it became apparent that we had to adjust our mirror meetings because an increasing part of our migrant patients could not attend the meetings because of language problems. In the subproject we undertook observations of existing meetings and held interviews with patients and professionals of other ethnic backgrounds, and with the professionals already involved in the format of our "mirror meetings". The format is now adjusted for the Turkish patients. We chose to start by working with patients of Turkish background because they are one of our largest migrant groups. At the moment we are training some Turkish-speaking professionals to chair the meetings. After that we will organize our first meeting with a group of Turkish patients. Making a quality measurement instrument useful for the ethnic diverse population in our hospital demands specific adaptations which turn out to be complex because they require numerous changes of the original format. Doing qualitative research at first we recognized that it is not only a matter of translation but that also other aspects are very important to make the format useful in practice.



migrant-friendly hospitals

Lessons learned: Results and experiences

Devoting time and energy in a European network of hospitals that work together to promote migrant-friendliness has proven to be worthwhile. It provided us the opportunity to discuss and share concepts and ideas, and to receive expert support. Moreover, as a result of the MFH project, the issue of ethnicity/cultural adequate health care is now receiving attention in a more systematic manner, compared to previous years.

Recommendation for other hospitals

The Amsterdam Declaration is a key document for hospitals who want to improve their care for migrant patients/clients. Making a hospital more migrant-friendly is not easy and may take a lot of time. Paying sufficient attention to the overall organizational development process, based upon principles of patient-centered care, may in the long run provide the best guarantee of adequate care for all patients, no matter what their ethnicity, culture, gender, age, sexual orientation or any other factor may be