
1.0 Culturally Appropriate Care

Policy

WHN aims to identify important and significant cultural groups within WHN and have implemented strategies to meet their needs.

WHN also aim to accommodate to the specific needs of Patients who experience disadvantage and increased disease risk whether due to socioeconomic factors, educational or literacy issues, cultural background, or disability. (Refer to Patient Rights).

In order to improve health outcomes we:

- We encourage our Patients to self-identify their Aboriginal or Torres Strait Islander origin or cultural background to practice staff.
- We encourage our practice staff to ask the cultural background of our Patients.

WNN are sensitive to the fact and aware that there may be many reasons as to why Patients are reluctant to identify their cultural background. Equally there are reasons why practice staff are reluctant to ask about the cultural background of our Patients.

When Patients are distressed, we provide appropriate care and privacy which also respects their cultural practices. (Refer to Appointments).

WHN knows how to communicate with Patients who do not speak the primary language of our staff, or who have communication impairment. WHN has a list of contact details for interpreter and other communication services including the Translating and Interpreter Services (Refer to Non English Speaking Patients).

The entry of information about the Aboriginal, Torres Strait Islander or other cultural background of Patients into their Patient Health Records is undertaken in a standardised manner that enables the extraction of data.

Procedure

WHN is working towards identifying and recording the cultural background of our new and existing Patients. Cultural background and ethnicity e.g. Aboriginal and Torres Strait Islander background, can be an important indication of clinical risk factors and can assist Doctors and clinical staff in providing disease prevention and delivering culturally appropriate care.

We have identified the main cultural groups in our practice and endeavour to provide culturally appropriate written health information.

We collect information about the country of birth and languages spoken. We have a system to regularly update our Patient information by our Patient Services Officers.

The standard indigenous status question asked is 'Are you of Aboriginal or Torres Strait Islander origin?' This question should be asked of all Patients, irrespective of appearance, country of birth or whether the staff know of the Patient or their family background. Our practice collects this information as part of our 'New Patient Record'.

To encourage Aboriginal or Torres Strait Islander origin Patients to self identify, we have Aboriginal Health Clinics.

2.0 Non English Speaking Patients

Policy

Our Doctors and staff have a professional obligation to ensure they understand our Patients and that the Patients understand any verbal instructions or written information.

Patients who do not speak or read English, who are more proficient in another language, or who have special communication needs are offered the choice of using the assistance of a language service to communicate with the Doctor or clinical team members.

We are also aware that alternative modes of communication may be used by our Patients with a disability and we endeavour to inform ourselves of how to access and use these services or technology to achieve effective communication with these Patients.

A contact list of translator and interpreter services and services for Patients with a disability is maintained, updated regularly and readily available to all staff. For example the National Relay Service (NRS) for Patients that are deaf or the translation and Interpreter service (TIS) Doctors Priority Line (1300 131 450) for Patients from a not English speaking background.

Procedure

Once you have determined that a Patient may have special communication needs, ask the Patient consent to use assistance.

Check the Patient's Medical Record to see what, if any services have been used before.

The Patient may consider that a family member or friend could interpret at the consultation. A member of the Patient's family may not be a suitable translator, especially for sensitive clinical situations or where serious decisions have to be made. The use of children as interpreters is not encouraged. An appropriate staff member can act as interpreter if the Patient consents. Some of our staff members are bilingual, but not all are accredited interpreters and should not be used as such.

Qualified medical interpreters are our preferred option and their use should be encouraged, especially for sensitive clinical situations.

Note the Patient's nominated interpreter or any professional services that have been used on the Patient Medical Record and arrange these prior to the consultation.

A list of translator and interpreter services and other communication services used by this practice is available National Relay Service (NRS) for Patients that are deaf or the translation and Interpreter service (TIS) Doctors Priority Line (1300 131 450) for Patients from a not English speaking background.

Each Doctor is registered with the interpreter service and allocated a code number. Registrations are renewed annually to ensure quick access when an interpreter is required. Other clinical staff should access the service via the treating doctor.

If TIS National is the chosen option, book an interpreter by ringing the Doctor Priority Line Tel: 1300 131 450 (free service) or booking on line or by fax. This 24 hour service is available via telephone at the time of consultation, or if appropriate advance notice is given (usually 48 hours), the interpreter can be on site at the practice during a consultation (subject to availability) or at the Patients home. If an interpreter is attending the practice or home it is important to ensure the appointment starts on time.