

BRIDGING THE GAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

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“PDSA is a powerful approach, and projects that make successful use of PDSA can solve specific quality problems and also help shape the culture of healthcare organisations for the better.”

Reed et al. 2015

Partnership Forum

Held just before the festive break, the Bridging the Gap Partnership forum was a chance for people to come together from across the south-eastern and western regions of Melbourne, to meet each other, share achievements and learnings and agree to next steps for 2016.

The day commenced with Sue Casey from Foundation House presenting the current and projected circumstances for asylum seekers and refugees and what this means for the implementation sites; this was followed by how Bridging the Gap is determining who is of likely refugee background in administrative data to understand access to care. Four quality improvement projects; two from the south east and two from the west were then profiled by members of the respective working groups.

Sue Willey, Natahl Ball and Loren Parker profiled their project MATCH, and discussed how it evolved through learnings elicited in the ‘STUDY’ phase of one PDSA cycle; as Sue Willey reflected, MATCH has strengthened the collaborative pathway for women and families of refugee background and provided the

“opportunity for maternity and MCH to get together and discuss options for better service coordination and referral”.



From Monash Health: Danielle Rule, Loren Parker & Jenny Morgans

For John Antonopoulos and Jenny Morgans at Dandenong Hospital, the Language in Labour project provided the opportunity for language services and maternity to work together to increase women’s access to interpreters in labour. Again PDSA proved pivotal to changing practice with staff enthusiastic about adopting the project as part of routine care.

In the west, *Healthy Happy Beginnings* was presented by Waan Tardiff and Viv Thomas who relayed women’s feedback from attending the pregnancy group; women felt the group provided supportive networks and were more confident to ask questions about their pregnancy and care.

At Sunshine, the review of maternity’s triage processes dovetailed with the launch of a new GP maternity referral form. Tina Pettigrew and Bianca Bell from maternity and general practice, discussed the steps involved in working together to bring about changes in identification and triage. Tina revealed how mapping the patient journey helped to identify gaps and highlight areas for improvement.

What’s next for Bridging the Gap in 2016?

Opportunities identified by partners:

- dissemination / translation of learnings & achievements
- maintaining focus on professional development including the refugee and asylum seeker experience training for service staff
- developing the role & opportunities for bicultural workers
- language and communication initiatives
- engaging other service providers
- improving data collection for use by services and clinicians

A particular focus was on how to keep the momentum going. Attendees suggested:

PARTNER ORGANISATIONS

MURDOCH CHILDRENS RESEARCH INSTITUTE

VICTORIAN FOUNDATION FOR SURVIVORS OF TORTURE

MONASH HEALTH

WESTERN HEALTH

CITY OF GREATER DANDENONG

CITY OF WYNDHAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF EDUCATION AND TRAINING

MUNICIPAL ASSOCIATION OF VICTORIA

VICSEG NEW FUTURES

MERCY HEALTH

"Keep projects contained: less overwhelming and more manageable"

"Keep meeting: frequently and quickly"

"Feedback women's stories"

"PDSA learnings are important"

The day concluded with participants sharing their experiences of Bridging the Gap. In the photo below, Rhonda Small reflects on the learnings and achievements and illustrates the 'Too Hard Basket' –

"Working with refugees and asylum seekers has often been put in the too hard basket. Bridging the Gap has provided the sparks for maternity and MCH staff to work in this space. Through taking small steps and breaking things down into bite size pieces, change and new ways of looking at working together have become possible."



Rhonda Small illustrates the "Too Hard Basket"



Wyndham City Council's: Waan Tardiff, Viv Thomas and Sandy Storey-Wilson

Further reflections on PDSA

The Partnership Forum generated considerable discussion about the learnings of applying the PDSA framework to test changes and bring about improvement. These are summarised in the table.

A recently published paper in BMJ Quality & Safety warns against over-simplifying the PDSA approach, highlighting problems and things to consider when applying PDSA. The paper is free to access and can be found at: <http://qualitysafety.bmj.com/content/early/2015/12/22/bmjqs-2015-005076.extract>

LEARNINGS USING THE PDSA FRAMEWORK

- Keeps momentum going
- Sustain success
- Not top-down
- People doing the doing are involved in the planning and implementing
- Learning from the 'doers' about what is needed / helpful
- Data can tell the story; it is also a limited part of the story
- Enthusiasm staying back after the end of night- shift for "Study" meetings
- Model encourages reflective practice
- On-going learnings and discussion with the cycles
- Flexible; often changes
- Forces you to see if it has made a difference
- Focuses on the planning rather than just doing; less reactive
- Provides a framework to contain the project
- Enables replication
- Great communication tool
- Clearly articulates goals

Introducing Natahl Ball

Natahl Ball is midwifery team leader of the Rose Quartz Team at Dandenong Hospital. Natahl has established a multi-disciplinary antenatal clinic at Dandenong for women of refugee background. As a champion of Bridging the Gap she has been involved in a number of projects including professional development opportunities in the SE and working towards the establishment of group pregnancy care and information for refugee background women.

Prior to becoming a midwife, Natahl was a geologist with an interest in developing

communities and isolated populations, which has translated into a passion for culturally and linguistically diverse populations. Natahl has been a clinical midwife specialist in the areas of drug & alcohol, and mental health, is a registered childbirth educator, registered yoga teacher and is currently working towards becoming a lactation consultant. Her passion is engaging and empowering women throughout their maternity journey, so that midwives can work in partnership to achieve the best possible future for them and their families.

What is it about Bridging the Gap that you think is making a difference?

Bridging the Gap is already making a difference to women in our care and our clinicians by creating environments where learning can be shared and enhanced. We have been able to access information and education that would otherwise not have been available to us, and this has resulted in tangible changes to the way we are providing care. By collaborating and sharing information we have been able to implement new multidisciplinary partnerships that are ensuring the highest standard of care for women and families engaging our services.



Natahl Ball

New papers

A paper published in the *Medical Journal Australia* provides a perspective on health literacy in refugee populations. Health literacy is defined as the degree to which an individual can obtain, communicate, process and understand basic health information and health services to make appropriate decisions about their health. Low health literacy is linked to poor health outcomes. For resettled refugees, low health literacy can be expected as they navigate a new country, language and culture. This has implications for the health system and services in supporting clinicians in adopting novel ways of responding to low health literacy – an important

step in addressing health disparities. The paper and invited commentaries are available as open access at the following link:

<https://www.mja.com.au/journal/2016/204/1>

The *Having a Baby in a New Country* study is one of the first to explore refugee background men's experiences of fatherhood. Afghan men reported playing a major role in supporting their wives during pregnancy and postnatal care including accompanying their wives to appointments, and providing language and transport help. Whilst many men embraced these roles, they were rarely asked by health professionals about their concerns in relation to their wife or their own social circumstances. A preventative and primary care approach to supporting refugee families, including men, is likely to improve child and family health outcomes. The paper is published online in *Birth: Issues in Perinatal Care*

<http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291523-536X/earlyview>

About Bridging the Gap

Bridging the Gap is a partnership between Healthy Mothers Healthy Families research group at Murdoch Childrens Research Institute and the Victorian Foundation for Survivors of Torture (Foundation House), maternity and maternal & child health services in Melbourne's south east and west, primary health care networks, local and state government.

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