

BRIDGING THE GAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

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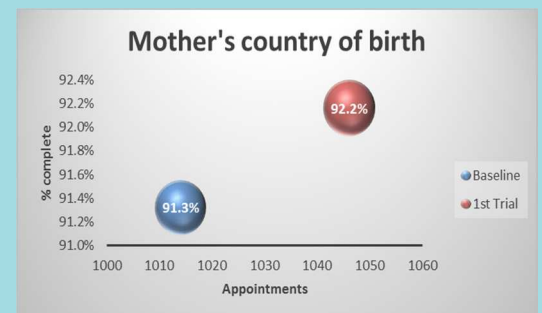
“Ultimately, improved identification of refugee-background Australians will enable policy and health planning to meet the needs of Australia’s diverse population. More importantly, it will make sure that the right to be counted counts.”
(Paxton, Med J Aust., 2012)

Better identification of refugee background in maternal and child health services

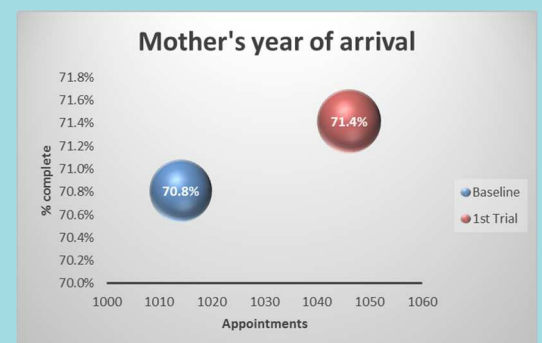
Some of the implementation sites are demonstrating what it takes to improve the identification of women and families of refugee background. In the City of Greater Dandenong maternal and child health nurses are ensuring that the four data items (maternal country of birth, year of arrival, language spoken, and interpreter required) are collected and recorded in the data system for every family that has an appointment. This includes new enrolments and current clients.

Implementation started small using the plan-do-study-act framework at one centre with two maternal and child health nurses asking information from mothers. Data collected during the cycles has showed a small but marked improvement in collection and recording of the items (see graphs in next column). Feedback from the nurses suggest that it was easy to complete and didn't take any extra time – it was “something we should be doing anyway”. The nurses identified that they would also like to improve the same data for fathers.

Following the first PDSA cycle, it has been scaled-up to a second centre with three maternal and child health nurses' also collecting information from mothers and fathers. Nurses have reported that asking these questions has been a great way to start conversations with fathers, facilitating a trusting relationship that may pave the way for families to be more fully engaged with services.



Graph 1: Improvement in the recording of country of birth information to help identify likely refugee background at CGD MCH.



Graph 2: Improvement in recording of year of arrival information to help identify likely refugee background at CGD MCH

Feedback from the MCH Nurses participating in the first PDSA

“Families don't find the questions offensive. They're keen to talk about it”

“It was just part of routine; the day to day process with updating the record”

“There were no barriers... I didn't have to change too many processes”

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

Introducing Mary Anne Biro

Mary Anne is a member of the Bridging the Gap Steering Group and brings great wisdom and understanding of maternity services to the partnership. Mary Anne is a midwife, educator and researcher, and a senior lecturer in the School of Nursing & Midwifery at Monash University and a research associate with the Healthy Mothers Healthy Families group at MCRI.

Thousands of Victorian families would have been cared for by Mary Anne in her role as manager of the Birth Centre at Monash Medical Centre (previously Queen Victoria Medical Centre) from 1982-1996. She undertook the first Australian trial of a continuity of midwife care model for women at low and high risk of complications; and implemented large scale maternity service reforms at Southern Health – now Monash Health.

These large and significant undertakings were underpinned by Mary Anne's commitment to inter-disciplinary collaboration and building workforce capacity to support change.

We asked Mary Anne:

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

Bridging the Gap provides a unique opportunity for clinicians to direct changes to practice to improve the care for women of refugee background. The clinicians are in control of what is happening at the coalface and have an intimate knowledge of the contextual factors that can influence successful and sustainable change in practice. It is this insider knowledge that is Bridging the Gap's greatest asset and processes to support clinicians to do things differently.

What excites you about Bridging the Gap?

The potential that the program and various projects have to affect positive change in health care for vulnerable and marginalised women and families.

You have been actively involved in the Language in Labour project at Dandenong Hospital

Yes, together with the MCRI team I have been supporting midwives in the Plan-Do-Study-Act cycles of engaging interpreters in labour. After many months and many meetings we are beginning to see some positive results both in terms of more women having access to an interpreter and more occasions of service. This means that women are having an interpreter more than once in labour. It has been gratifying to work with midwives who have been so enthusiastically involved in developing and implementing a significant change to practice



A simple message to promote a complex project

Four cycles of the Language in Labour project have been completed at Dandenong Hospital. At a recent PDSA cycle feedback session with staff in Birth Suite, midwives mentioned that a good reminder of the project and to offer women an interpreter in labour was the simple message (below) up on staff toilet doors.



Language in Labour
Improving communication in labour with women who speak little or no English

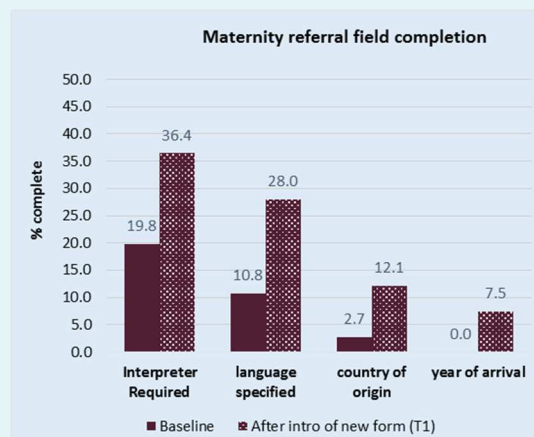

Interpreter
Offer an interpreter and improve outcomes for women

- Offer interpreter early in labour
- Gently insist if declined
- Offer again
- Any time of day or night

For further information see staff leaflet in Birth Unit
You are encouraged to attend an information session. See education calendar for dates

Better identification of refugee background in maternity

In another project to improve identification of refugee background in administrative datasets, Sunshine hospital maternity have been working with primary care to improve the quality of information they receive in GP referrals including the reporting of information which may provide the first clues to identifying likely refugee background (country of birth, year of arrival, language spoken and interpreter required). The information is being used to assist with triage of women of refugee background to one-to-one midwifery group practice. Seizing on the roll-out of a new Western-wide GP maternity referral booking form, a working group came together to consider how to best engage with GPs to communicate the content and processes associated with the new form and discuss how better quality information provided on referrals can assist with triage to most appropriate model of care. Sunshine maternity reviewed GP referrals pre and post engagement with some fantastic results:



The above graph is illustrative of the four data items to assist in identifying likely refugee background and shows improved recording of:

- interpreter required from 20% complete to over 36% complete;
- language specified from 11% complete to 28% complete;
- country of origin from 2.7% complete to over 10%, and
- year of arrival has now been reported.

Information on social history, past obstetric complications and clinical risk factors also improved. This is a great result and allows Sunshine hospital to better identify and subsequently respond to the needs of refugee background women.

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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This newsletter has been put together by the Healthy Mothers Healthy Families research group at MCRI. For more information please contact:

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