



The Communicate Study

Interim summary of Findings and Recommendations

October 2020

Background

The [Communicate Study](#) is a collaboration between researchers from Menzies School of Health Research, staff at Royal Darwin Palmerston Hospital (RDHP) and the Aboriginal Interpreter Service (AIS). Since 2016, the study has sought to understand the barriers to Aboriginal interpreter uptake and cultural safety at RDHP, and to implement and evaluate practical solutions to these barriers.

Findings and recommendations from the study have been widely reported (Table 1). This document provides a summary of key findings and recommendations to increase interpreter use and improve cultural safety at RDHP (Table 2), and outlines next steps for the Communicate Study.

Table 1. Communicate Study publications, reports and media

Title	Publication	Date
Academic Journals		
Improving communication with Aboriginal hospital inpatients: a quasi-experimental interventional study [1]	Medical Journal of Australia	2020
Aboriginal patient and interpreter perspectives on the delivery of culturally safe hospital-based care [2]	Health Promotion Journal of Australia (Pre-print)	2020
“How can I do more?” Cultural awareness training for hospital-based healthcare providers working with high Aboriginal caseload [3]	BMC Medical Education	2020
Low uptake of Aboriginal interpreters in healthcare: exploration of current use in Australia's Northern Territory [4]	BMC Health Services Research	2017
Educational Resources		
Ask the Specialist: Larrakia, Tiwi and Yolŋu stories to inspire better healthcare [5]	Menzies School of Health Research	2020
Reports		
An Overview of Aboriginal Interpreter Usage at Royal Darwin Hospital [6]	Report to TEHS	2019
Aboriginal Patient Chart Audit: Documentation of patient language and interpreter requirement [7]	Report to TEHS	2019
Evaluation Report on the Aboriginal Interpreter Coordinator role [8]	Report to TEHS	2019
Media		
Interpreters for Aboriginal people in hospital: Health Report with Dr Norman Swan	ABC Radio National	2020
More Aboriginal interpreters result in less self-discharges from hospitals, new research finds	National Indigenous Times	2020
Interpreter boost reduces patient self-discharge	Hospital & Healthcare	2020
Interview with Rarrtjiwuy Melanie Herdman and Vicki Kerrigan about Ask the Specialist podcasts	TEABBA	2020
Ask the Specialist's podcast experts address health racism at Royal Darwin Hospital	ABC news online	2020
Interview with Aunty Bilawara Lee about Ask the Specialists podcasts	ABC Darwin radio	2020
Podcasts for Top End doctors go global	CDU E News	2020
Interview with Vicki Kerrigan about Ask the Specialists podcasts.	ABC Darwin radio	2020
Interview with Vicki Kerrigan about Ask the Specialists podcasts.	Territory FM	2020

Findings and Recommendations

The Communicate Study has shown that equitable, culturally safe care for Aboriginal patients at RDPH is impacted by a range of complex factors, including systems, staffing and training issues. Opportunities to better understand and respond to the needs of Aboriginal patients have been identified (Table 2).

Table 2. Key Findings and Recommendations, 2017-2020.

Key Findings	Recommendations
Interpreter use	
<p>Overview Between March 2018 and April 2019 an Aboriginal Interpreter Coordinator (AIC) was employed by Top End Health Service. During this period:</p> <ul style="list-style-type: none"> • Interpreter bookings for patients who would benefit from access to an interpreter increased from 12.6% to 17.5% [1]. • There was an associated decrease in the number of Aboriginal patients who self-discharged [1]. • Despite these gains, fewer than 12% of patients at RDH who would benefit from an interpreter received access to one [1]. • The AIC provided valuable mentoring, orientation and support to interpreters, some of whom previously felt unwelcome in the hospital setting [2]. <p>Issues</p> <ul style="list-style-type: none"> • Health care providers are often unaware of the need to use Aboriginal interpreters and booking processes are convoluted, inconsistent and not responsive to the dynamic hospital environment [2] [4]. • Knowledge of Aboriginal languages remains inadequately prioritised. This foundational information is vital to ensure the delivery of culturally safe healthcare. The languages Aboriginal people speak, and whether they would benefit from an interpreter, let alone receive one, remain largely undocumented [2]. 	<p>A Supply – Demand – Efficiency approach is recommended to address barriers to interpreter use. Interpreters who ‘walk in two worlds’ are uniquely placed to comment on the cultural safety of the institution and advise on improvements.</p> <p>Supply</p> <ul style="list-style-type: none"> • Employment of fulltime, onsite interpreters representing the most common languages [6]. • Provision of male and female rostered interpreters for greater cultural responsiveness [8]. <p>Demand</p> <ul style="list-style-type: none"> • Provision of regular training for new staff about how to identify language needs and work with interpreters [6]. • The Inpatient Admission/Discharge Record, located at the beginning of all patient charts currently contains a numeric code to represent patient language. This code should be accompanied by the full name of the patient’s language, to support staff to identify, spell and pronounce Aboriginal language names [7]. • Introduction of KPIs relating to interpreter use, calculated as a proportion of patients admitted to hospital who would benefit from an interpreter [7]. <p>Efficiency</p> <ul style="list-style-type: none"> • Employment of a bookings coordinator to liaise directly between medical teams and the rostered interpreter, and to coordinate use of booked interpreters to maximise efficiency [8] [6].
Patient experience of care	
<p>Overview Between March 2018 - September 2019, 73 Aboriginal patients were surveyed in their first language.</p> <ul style="list-style-type: none"> • 59 (81%) reported a positive experience of hospital; 64 (88%) said that hospital staff communicated; fewer respondents (49 [67%]) were satisfied overall with the care they received; and only 35 (48%) stated that treatment was explained clearly [2]. • Prominent themes in free text responses were that patients experience loneliness, homesickness, problems with the hospital physical environment, racism and a lack of staff understanding and support 	<p>Hospitalised Aboriginal people would have a more positive experience of care if they felt more respected. This could be achieved through:</p> <ul style="list-style-type: none"> • Better training of healthcare providers, cultural mentoring of healthcare providers, a stronger Aboriginal workforce presence on the wards, and through healthcare providers having more time to achieve effective knowledge transfer with patients and their families, either through increased staffing or restructuring of current systems and processes. [2].

for patients' emotional concerns and cultural obligations [2].

- Free text responses provided more detail about patient concerns than was obtained from the multiple-choice components and often dealt with issues not covered in the survey. Comments sometimes contradicted patients' responses to the multiple-choice responses [2].

- Survey instruments that measure Aboriginal patients' experiences of hospitalisation should be developed within an Indigenous paradigm and address Indigenous patients' priorities. Open-ended questions rather than multiple-choice questions are likely to be more effective [2].

Aboriginal Cultural Awareness Training (ACAP)

- ACAP training at RDPH hospital is highly valued by most participants [3].
- Training was valued particularly because of the authentic personal stories shared by local Aboriginal educators [3].
- Staff at RDPH express a desire for more cultural education that is designed and delivered by local people and which provides an opportunity to consciously explore both Aboriginal and non-Aboriginal cultures (including self-reflection) [3].
- Employees should be engaged repeatedly in forms of cultural education, as is the case with mandatory training including annual fire safety and biennial hand hygiene training [3].
- Cultural awareness training is an invaluable entry point to further cultural education. However, we recommend a move to *cultural safety* training - where the critical topics of unconscious bias and institutional racism are addressed.

Next steps

Memorandum of Understanding

A memorandum of understanding between AIS and RDPH/TEHS is under development, to streamline collaboration and integration of interpreter services [2].

National Health and Medical Research Council Partnership Grant

A strategic partnership of key stakeholders is being assembled to implement the next stage of the Communicate Study. The overarching goal of the partnership is to create health services in the NT that are centres of excellence for Indigenous cultural and clinical safety, and world leaders in intercultural communication practices. An NHMRC Partnership grant application to support this work is in development.

Further research

Two research projects will be completed in early 2021:

- An evaluation of the "Ask the Specialist" podcast series' impact on clinicians' practice [5]. To date, the podcasts have reached over 7000 people from Australia, Uganda, China, Sweden, Israel, Turkey, Brazil, the United Kingdom and the United States, and received extensive media coverage.
- An evaluation of a pilot intervention in 2019, during which interpreters were attached to a Nephrology ward round at RDH.

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