



*Nurse Navigator -
Refugee Health
EB 10 Project*

“Equity and Access to Health Care”





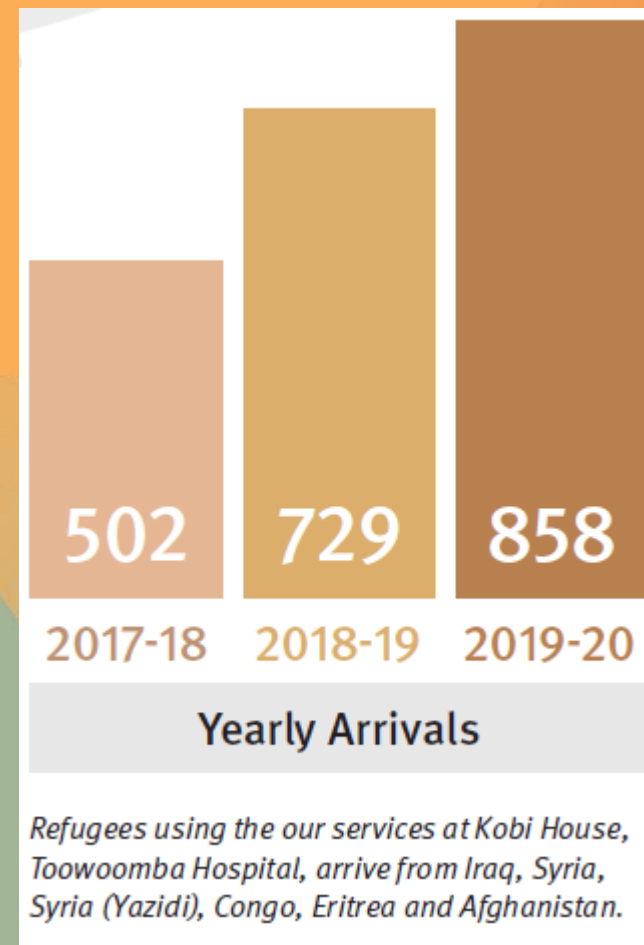




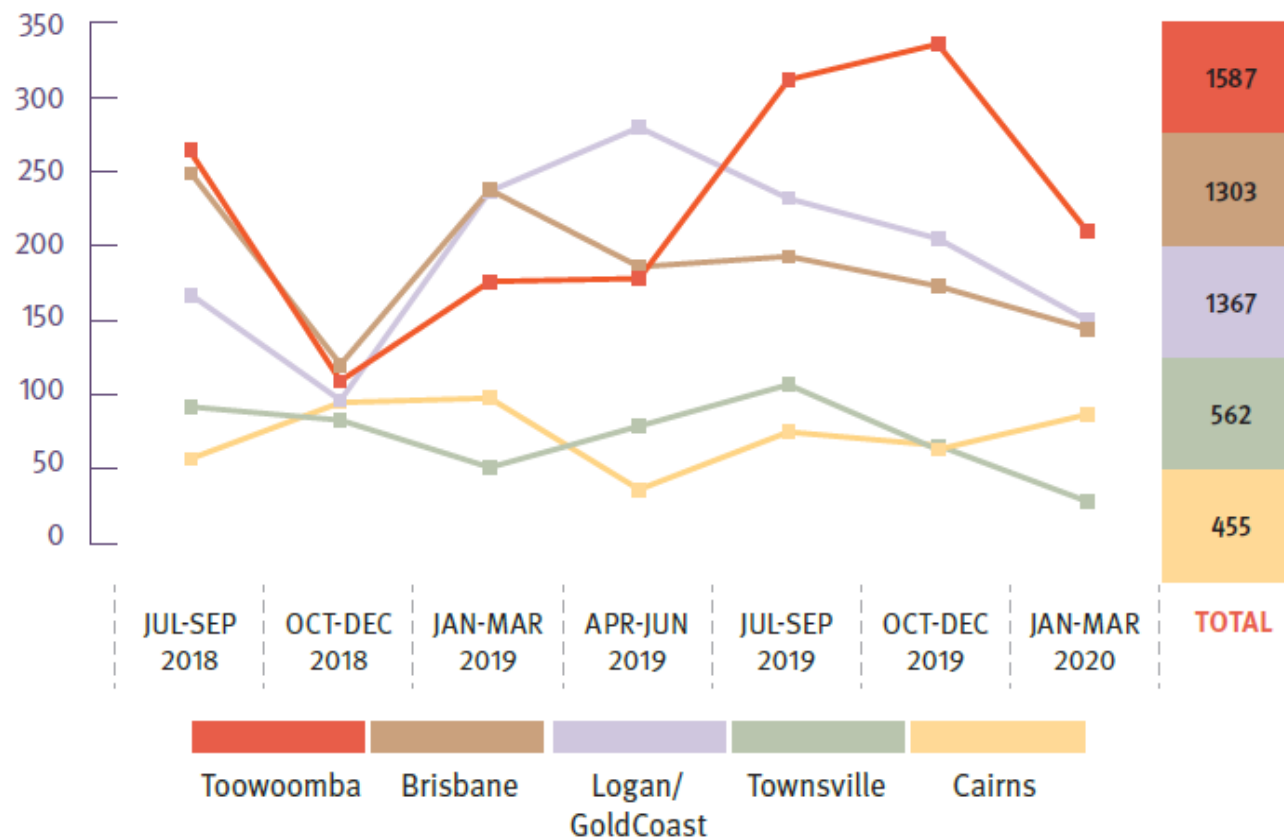


Clients from a refugee background worldwide have poor access and understanding of western health care systems. This, in addition to mistrust, lack of western health care systems and language barriers puts refugees at a higher risk of poor long term health outcomes.

Toowoomba Arrivals



Arrivals for 3-month periods - Brisbane, Cairns, Logan/Gold Coast, Townsville, Toowoomba



Queensland
Settlement



Establishment of Nurse Navigator role in Darling Downs Health

- EB10 Innovation Fund for 12 months
- Initiative to enable a liaison between acute setting and primary health care.
- Collaboration and partnership
- Cultural responsiveness
- Consumer and community voice
- Continuous improvement
- Clinical excellence





A few twists and turns:

Time - limited

Data – non existent

Scope – too large

Resources- only one of me

Bureaucracy – so much

Novice – not now



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Nurse Navigator Role

To identify barriers and enablers within the health system to inform recommendations on ways to improve equity and access for the refugee community, to ultimately improve health outcomes.



Aims

To improve the knowledge and cultural responsiveness of staff for working with refugees;

To increase health literacy in the refugee community;

To review unnecessary hospitalization presentations and Failure To Attend (FTA) appointments to identify gaps in service delivery and make suggestions and inform improvements.



Evaluation

- To review of a sample group of refugee clients that have presented to the Toowoomba Hospital, looking at number and nature of presentations, flow of services provided, use of interpreters, FTA and discharges.
- Staff questionnaire –pre and post-delivery of the education session to gain an understanding of staff culture, knowledge, attitudes and comfort levels in providing care to clients from a refugee background.



Darling Downs Health

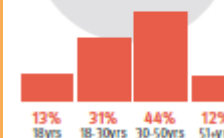
Of the **451 refugees** who were audited, **there were 376 presentations to ED** over the period of review.

451
refugees
audited



3,151
outpatient
appointments

142
admissions



Age of refugees

Requiring an interpreter
96%



ED Outcomes

Refugees:

» Discharged
229 / 61%



» Did not wait (DNW)
33 / 9%



» Left after treatment commenced
29 / 8%



For comparison with overall presentations in the same period:

» Discharged
50%



» Did not wait (DNW)
4%



» Left after treatment commenced
5%



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Education sessions delivered

“Refugee’s – their journey and health
care.

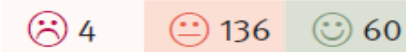
How we can make a difference”



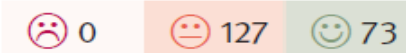
PRE SESSION:

POST SESSION:

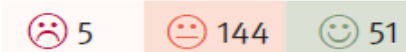
*How would you rate your
confidence in working with
refugee patients?*



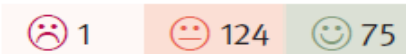
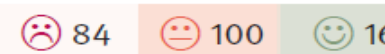
*How would you rate your
knowledge of resources
available to work with
refugee patients?*



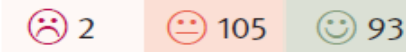
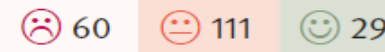
*How would you rate your
abilities in managing a
refugee patient within
Darling Downs Health?*



*How would you rate your
confidence in identifying
a refugee patient within
Darling Downs Health?*



*How would you rate your
confidence in accessing and
working with an interpreter
for refugee patients within
Darling Downs Health?*



*Would you know who to
contact for information in
relation to health care for
refugee patients within the
Darling Downs Health?*



Recommendations

- Cultural competency education package specifically for working with non- English speaking background clients be available to all staff.
- To complement the existing MOC for refugee health the inclusion of a G7 liaison/coordinator role be incorporated into the model.
- A review of interpreter access issues and agreements to improve availability and access to professional interpreting services.
- To ensure compliance with policy and action plan items, having an Equity and Access Unit with executive sponsorship would enhance overall health & wellbeing of vulnerable communities including refugees.



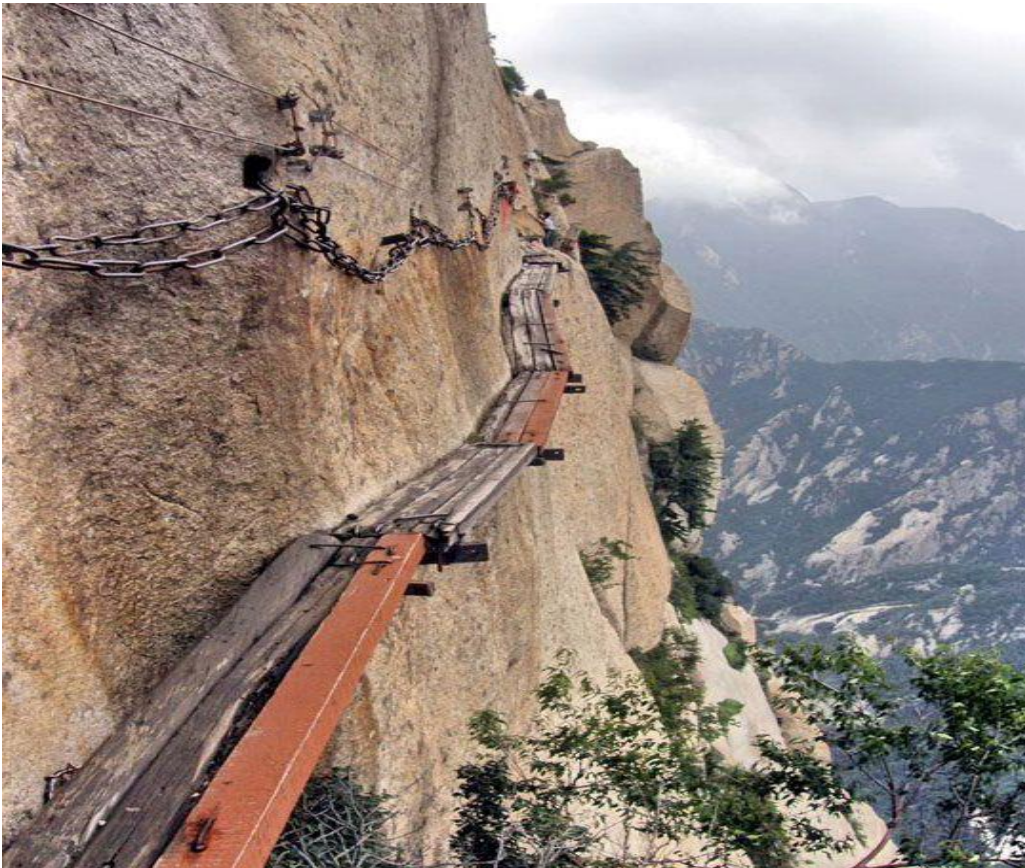
Outcomes – unexpected positives



- COVID
- Vulnerable communities committee



The Journey



- An adventure with many ups, downs, twists and turns.
- Road blocks, not closures.
- Engaged with many knowledgably & talented personal along the journey
- Health outcomes can be improved through change, education and support to staff and clients.
- Consultation and collaboration invaluable.
- Personal and professional growth a highlight with many lessons learnt with more to follow.

Proudest Achievement so far.....

The positive change in staff engagement in caring for refugee's when given knowledge and support to do so.



Where to from here.



CNC – Vulnerable
Communities

