

HEALTH SERVICE, INTERPRETERS

801. Ms WARNOCK to the Minister for Health:

- (1) What steps have been taken by the Western Australian Health Service to raise awareness amongst staff of -
  - (a) the legal obligation of the service to use properly qualified interpreters to inform and obtain informed consent for medical procedures undertaken within the Health service; and
  - (b) the availability of professional interpreters in -
    - (i) the metropolitan area; and
    - (ii) country and regional areas?
- (2) What cross-cultural training has been undertaken with country and regional health service and hospital staff in country and regional areas to provide appropriate services to migrants, aged and those who have difficulties with English and are of Culturally and Linguistically Diverse backgrounds?
- (3) What steps have been taken to determine the extent of complaints regarding -
  - (a) the use of interpreter services; and
  - (b) confidentiality of these services?
- (4) What steps have been taken to implement the recommendations of the report Cultural Competence in Health Care released in May 2000?
- (5) What steps has the Western Australian Health Service taken to discourage the use of multilingual staff as interpreters in medical and hospital cases when these staff do not have any professional interpreting qualifications?
- (6) What steps have been taken by the Health Department of Western Australia to do in-service training for all staff on issues outlined in -
  - (a) Best Practice Guidelines for Health Services Caring For Patients and Clients from Diverse Cultural Backgrounds (HDWA Operational Instructions 1222.99, 7 July 1999); and
  - (b) the report Cultural Competence in Health Care (May, 2000)?
- (7) What steps have been taken by the Health Department of Western Australia to ensure that its service providers -
  - (a) collect ethnicity related data;
  - (b) that this data collection is accurate; and
  - (c) the policy guidelines are implemented to ensure proper services for the groups identified?

Mr DAY replied:

- (1) (a) In responding to this question I have taken the word "constant" to mean "consent". Health service staff are made aware of the Language Service in Health Care Policy Guidelines during Orientation. The Guidelines specifically cover the need for health services to use properly qualified interpreters to inform and obtain informed consent for medical procedures, assessments and sensitive situations. In addition, the Multicultural Access Officers throughout the State actively disseminate information to health service staff raising awareness about the legal obligation to obtain informed consent and working with professionally qualified health and mental health interpreters. The Multicultural Access Unit, together with other training providers coordinates and organises health interpreter certificate courses raising the awareness of health service staff to work with professional interpreters. These courses have been ongoing over the last ten years for the Health Interpreter Certificate Courses, and eight years for the Mental Health Certificate Courses.
- (b) (i-ii) The Multicultural Access Unit produces a Health Interpreter Directory each year which contains interpreter information for metropolitan and country areas and the names of all the qualified Health and Mental Health Interpreters. This is distributed throughout the State to all health services, and to Multicultural Access Contact Officers. In addition the Unit's tri-monthly newsletter is distributed to health services throughout the State to inform staff of the current ethnic health issues. Three Multicultural Access Contact Officer's in-service programs are run per year. These regular In-services are designed to raise awareness of ethnic health issues and of the need to use professional interpreters. In turn they are tasked to disseminate information to health service staff.

- (2) The Multicultural Access Unit has a network of dedicated Multicultural Access Contact Officer/Cross Cultural Educators undertaking cross cultural education sessions to gain and disseminate awareness of multicultural health issues. Visits to health services in 2000 included the Lower Great Southern, Geraldton, Gascoyne, West Pilbara, Vasse, Leeuwin and Warren Blackwood.
- (3) (a-b) Complaints are registered with the Translating and Interpreting Service. Mechanisms are in place to follow up on the nature of complaints, and issues are raised at Interpreter Industry meetings with the other interpreter service providers. The Multicultural Access Unit works in close cooperation with the Translating and Interpreting Service to follow up and resolve problems and issues in relation to interpreters and the confidentiality of the services.
- (4) The Multicultural Access Unit is conducting preliminary discussions to develop strategies to implement the recommendations of the "The Cultural Competence in Health Care" Report.
- (5) The Language Services in Health Care Policy Guidelines are promoted throughout metropolitan and country health services. This policy clearly states that multilingual health staff without professional interpreter status should not be used as interpreters. The Multicultural Access Contact Officers carry out orientation of new staff informing them of the policy and the guidelines of practice. A video produced by the Translator and Interpreter Service, titled "Working with Interpreters" is widely distributed throughout the State.
- (6) (a) The Best Practice Guidelines are workshopped at regular education sessions and In-services to raise awareness among Multicultural Access Contact Officers and key staff of the health services.  
(b) The Cultural Competence in Health Care Report was workshopped at the Multicultural Access Officers In-service in June 2000. The report information has been disseminated to health service staff and Multicultural Access Contact Officers throughout the State. The Cultural Competence in Health Care Report is available on the Multicultural Access Unit's Web site and has been made available to health staff in the metropolitan area and other health services within the State.
- (7) (a) Patient data collection systems require the recording of basic cultural and linguistic diverse client information.  
(b) Data is monitored centrally by the Health Information Centre in the Health Department of Western Australia. The Health Information Centre identifies any irregularities in the data and consults with the appropriate health service to determine accuracy.  
(c) In-service education sessions held for Multicultural Access Contact Officers in 2000 has raised awareness of the Language Services in Health Care Policy Guidelines. The Multicultural Access Unit has conducted a follow-up evaluation with service providers on the implementation of the Guidelines. Seventy nine percent (79%) of health service providers surveyed have stated that the Language Services Policy has influenced their practice.