

Communication for Safe Care

Enhancing health care access for people with communication support needs



COLLABORATIVE
PARTNERSHIPS



LOCAL
SOLUTIONS



SAFE, QUALITY
CARE

ACKNOWLEDGEMENT OF LIVED EXPERIENCE

We would like to recognise people with lived experience of having communication support needs. We acknowledge that we can only provide quality care by valuing, respecting and drawing upon the experiences and expert knowledge of consumers, their families, carers and friends, staff and the local community. We acknowledge their contribution and guidance in our attempts to create more inclusive health care settings.

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PROJECT UPDATE

The Communication for Safe Care team have been busy working with our target sites to refine the solutions that were developed in our workshops. We have now moved into the implementation phase of the project and are excited to share this update.

We welcomed two Speech Pathology students in South-Western Sydney. Throughout their placement, Mary and Ria supported the team with implementing solutions at target sites and co-designed solutions to further improve the student placement model. They also helped raise awareness for communication support needs and inclusive communication during Speech Pathology Week.

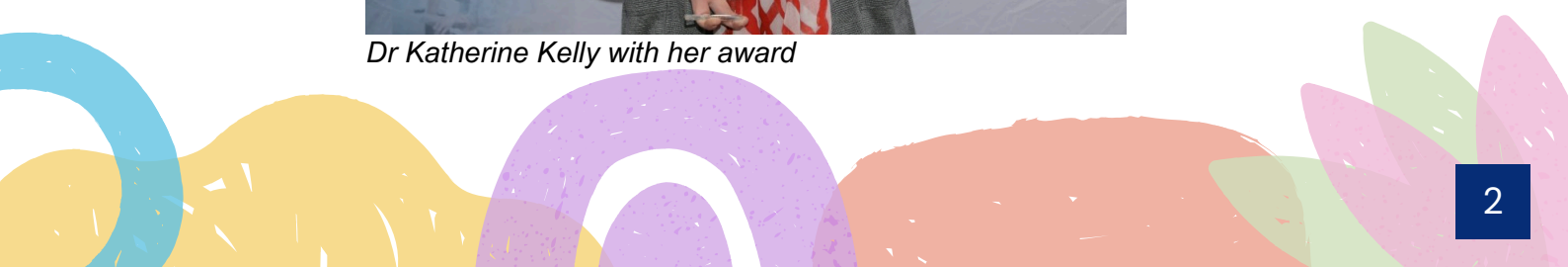


Left to right: Ria, Mary, Lana, Rae Anne and Nicole

We would also like to congratulate Dr Katherine Kelly who is the Disability & NDIS coordinator for SWSLHD, who won the staff member of the year award at the Quality Awards. Katherine was one of the main drivers of the Communication for Safe Care project who also secured the ILC grant. We are extremely grateful for her contribution. Congratulations Katherine!



Dr Katherine Kelly with her award



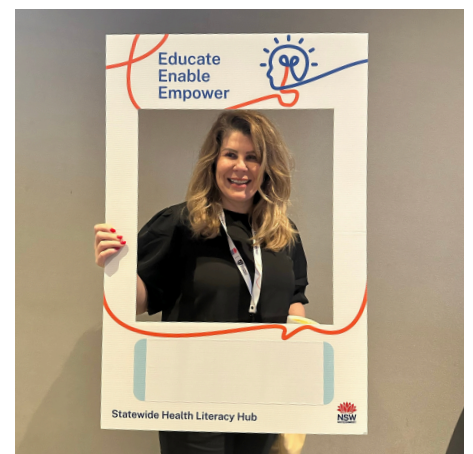
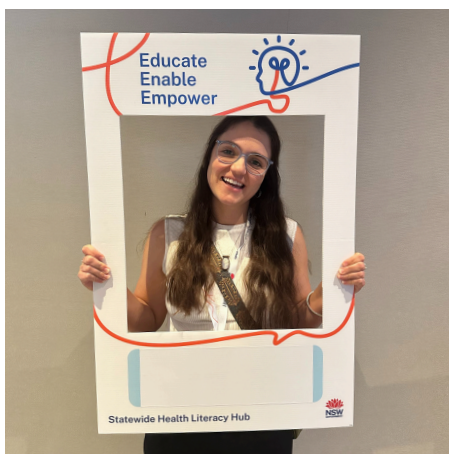
PROJECT UPDATE

Conferences and presentations

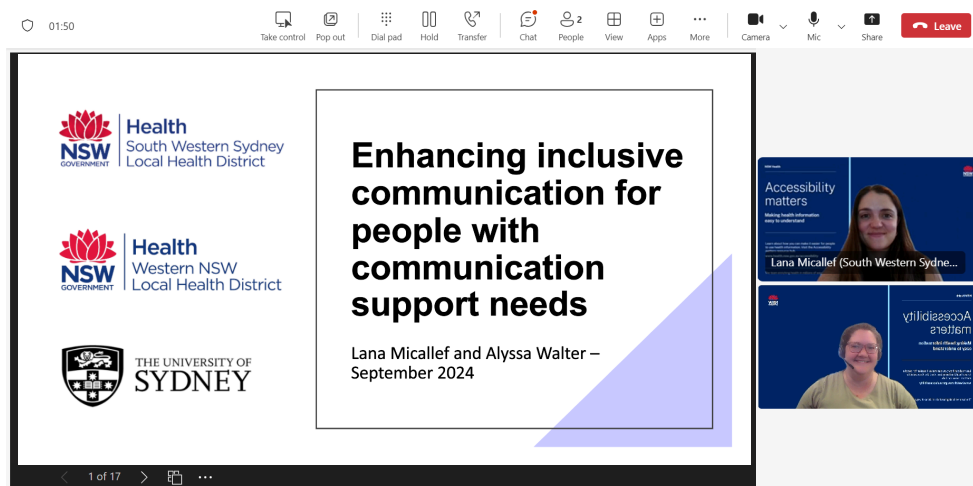
The project team have had several opportunities to share information about the project and it's achievements as well as continue to promote inclusive communication in health.

Over the last three months, we have presented at:

- Doctoral Program of Dental Sciences Asia Pacific Summer Conference, hosted by the University of Gadjah Mada in Indonesia
- Enabling Ability: Connecting Disability Research, Education and Services in Greater Western Sydney Conference, hosted by Western Sydney University
- Virtual Disability Conference, hosted by the University of Melbourne and Scope
- Health Beyond Research and Innovation Showcase, hosted by SWSLHD and the Ingham Institute for Applied Medical Research
- Health Literacy Hub Launch



Left to right: Lana, Rae Anne, and Nicole at the launch of the Health Literacy Hub



Alyssa and Lana presenting at the Virtual Disability Conference

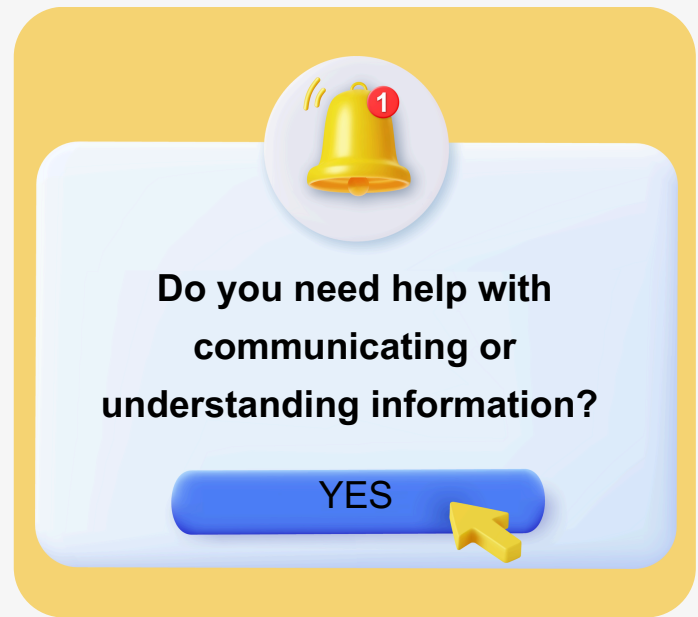
RESEARCH UPDATE

Changing the triage process

Whilst refining the solutions for our target sites, it became evident that patients with communication support needs needed to be identified before further solutions could be implemented.

At two of our target sites, we have added a new question to the triage process. When a patient calls the service for the first time, they are asked about their communication support needs and reasonable adjustments.

This information is then recorded in the patient's file. This information helps clinicians develop a plan to ensure the patient can understand information and communicate clearly, before they arrive in the clinic. The question has helped us identify a range of communication support needs like difficulties reading and writing or hearing impairments, and reasonable adjustments like needing a support person or needing an interpreter.



Metropolitan

Number of consumers triaged for communication support needs

7,862

% of consumers with communication support needs

18.6%

Regional

Number of consumers triaged for communication support needs

3,083

% of consumers with communication support needs

5.3%

RESEARCH UPDATE

Communication training

The Communication for Safe Care team recently held training sessions at four health facilities in NSW.

The training was designed to improve understanding of inclusive communication and strategies to support people with communication support needs. Training was provided to a range of health professionals including contact center staff, patient experience officers, dental officers, registered nurses, and other administrative and support staff

Training was provided in two formats to meet the needs of the different services.

Six Minute Intensive Training:

We held several short, 15-minute face-to-face education sessions. This was helpful for busy teams who were not able to attend long sessions.

1 hour online session:

We offered some of our training in a recorded format, allowing healthcare workers to complete it at a time that suited their schedules. After everyone had finished the training, we held a group check-in to provide extra support and answer any questions. This approach worked well for training a large number of healthcare workers with different schedules.

Both training formats have shown to improve healthcare workers knowledge of communication support needs and confidence to interact and support patients with communication support needs.

Before the training, healthcare workers reported familiarity with the term “communication support needs” and low confidence in identifying a person with communication support needs.

After the training, healthcare workers reported high levels of confidence in identifying if a person has communication support needs. Healthcare workers also reported feeling prepared to apply the training in their work practice.

PROJECT IMPACT

Making a change at service level

I am Mary, a speech pathology student from the University of Sydney. I completed a 6-week placement with my peer Ria at South-Western Sydney Local Health District, working with the Communication for Safe Care project team to enhance communication access.



Ria and Mary raising communication awareness at Bolger St office, Campbelltown.

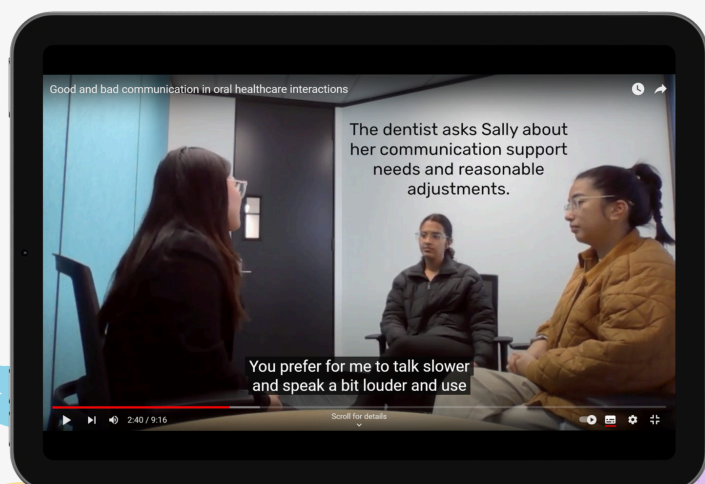
Individual intervention vs service-level intervention

In my previous placements, I improved individual clients' communication through one-on-one assessment and therapy. This experience deepened my understanding of what a research-based, service-level placement is. Attending advisory network and interprofessional meetings clarified the concept for me. In a traditional clinical model, I'd have the chance to work directly with a person with aphasia. In a service-level placement, I can improve systems and processes to benefit all consumers, not just a person with aphasia. The impact of communication breakdowns in healthcare emphasises the need for systemic change to support more people. Both models allow me to help those with communication support needs effectively.

Key components of service-level intervention

Collaborative and inter-professional skills

I learned how to effectively collaborate with consumers and staff. For example, Ria and I created a video role-playing good and bad communication in oral health services. We co-designed this resource with a consumer to represent their experience accurately. This video was shown to dental practitioners during a training session on communication access.



The video has been uploaded to [Sydney Uni Acquired Brain Injury Communication Lab's YouTube channel](#).

Scan the QR code to watch the full video



PROJECT IMPACT

Making a change at service level

Being a strong advocate

I contributed to a project that promotes inclusive communication. A question has been added to the triage process to identify their communication support needs early, reduce communication issues and improve patient experiences. I also led an in-service on accessible communication, helping staff develop skills in creating accessible resources.

Lastly, I advocated for Speech Pathology Week with the theme “Communicate Your Way” by celebrating inclusive communication and diverse communication methods (e.g., speech, Key Word Sign, AUSLAN or Augmentative and Alternative Communication (AAC devices)).

To promote Speech Pathology Week, Ria and I facilitated activities during project team meetings and a morning tea for staff in SWSLHD. The morning tea featured a game where staff used various communication methods to express a hidden phrase.



Take home message:

This experience has broadened my understanding of the speech pathologist's role beyond individual clients in clinical settings and heightened my awareness of inclusive communication. I'm excited for the opportunities in my future career as a speech pathologist.

Written by: Mary Bui, Student Speech Pathologist

RESOURCES

The Communication for Safe Care team helped develop the recently released NSW Health Accessible Communications Policy. This policy ensures that communication in healthcare is clear and accessible, meeting the standards set by Speech Pathology Australia and the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability.

Visit the [Accessibility matters](#) online resource hub where you will find a range of tools, resources and links to training to help all staff develop accessible communication.



The "Quality, Safety, and You" module is a 90-minute online course that explains NDIS workers' responsibilities from the perspective of NDIS participants. This module is also available Auslan and in a screen reader (JAWS and Zoomtext) version.

You can access the module on the [NDIS website](#).



**NDIS Quality
and Safeguards
Commission**

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