CROSS CULTURAL MEDIATION AS ENABLER OF CARE
THE EXPERIENCE OF TRENTO HOSPITAL

Authors:
Chiusole D., Baldantoni E., Mon E., Monterosso M., Passerini A., Favaretti C.
A.P.S.S. TRENTO HOSPITAL - ITALY
CROSS CULTURAL MEDIATION (CCM) SERVICE NECESSITY IN THE HOSPITAL

- AWARENESS BY HEALTH CARE WORKERS
- STRONGLY LINKED TO COMMUNICATION
OBJECTIVES OF CROSS CULTURAL MEDIATION

- IMPROVE LINGUISTIC COMPREHENSION
- FACILITATE THE CONNECTION BETWEEN PATIENTS AND PROFESSIONALS
- HELP IN THE COMPREHENSION OF CULTURAL CODES AND DIFFERENT LIFE STYLES
- INFORM PATIENTS ABOUT THE CORRECT USE OF HEALTH CARE SERVICES
- IMPROVE THE COMPLIANCE OF PATIENT IN THE PROCESS OF CARE
CCM START UP

- THE SERVICE STARTED IN SEPTEMBER 2004
- PARTNERSHIP WITH A NON PROFIT ASSOCIATION - AMIC
- FOREIGN LANGUAGES: ALBANIAN, ARABIC, CHINESE, MACEDONIAN, POLISH, RUMENIAN, RUSSIAN, SERBIAN-CROATIAN-BOSNIAC, SOMALI, TURKISH, URDU
PRELIMINARY PHASE

➢ THEOREICAL AND PRACTICAL ORIENTATION

➢ INFORMATION TO THE HOSPITAL WORKERS

➢ WRITTEN FORMS ABOUT
  ▪ PLEDGE OF SECRECY (CONFIDENTIALITY OF INFORMATION)
  ▪ PATIENTS AGREEMENT
  ▪ GATHERING OF DATA AND EVALUATION MEDIATION
ORGANIZATION OF THE ACTIVITY

- INTERVENTION MODE (PLANNED OR ON CALL)
- CALLS MADE BY PROFESSIONALS OF THE HOSPITAL WARDS
- DATA COLLECTION
- EVALUATION AND REPORTING
RESULTS (RELATED TO THE FIRST 8 MONTHS OF ACTIVITY)

- 57% (20 ON 35) WARDS USED THE SERVICE
- 70% OF THE INTERVENTION WERE REQUIRED FOR EMERGENCY ADMISSIONS, 30% FOR PLANNED ADMISSION
- 65% PLANNED INTERVENTIONS, 35% IMMEDIATE INTERVENTION
- MORE REQUESTED LANGUAGES
  - 26% ARABIC
  - 17% RUMENIAN
  - 14% RUSSIAN
  - 12% CHINESE
INTERVENTION REQUEST IS LINKED TO

- DISEASES AND TREATMENTS
- CARE PROCESSES
- MAINLY IN CHILDHOOD/MATERNITY WARDS
  DUE TO INCREASING NUMBER OF PATIENTS
EVALUATION OF MEDIATION AS ENABLER OF

- 100% LINGUISTIC COMPREHENSION
- 87% CONNECTION BETWEEN PATIENT AND HEALTH CARE WORKERS
- 40% COMPREHENSION OF PROBLEMS RELATED TO THE ETHNIC AND CULTURAL BELONGING
MEDIATION MOMENTS (FROM THE POINT OF VIEW OF HEALTH CARE WORKERS)

- COLLECTION OF HISTORY AND ASSESSMENT PATIENTS
- EXPLANATION OF TREATMENTS AND PROCEDURES
- SPECIFIC INFORMATION TO OBTAIN CONSENT TO TREATMENT
- HEALTH EDUCATION/PROMOTION
- PATIENT CARE
PERCEIVED USEFULNESS BY PATIENTS AND WORKERS BECAUSE IT ENABLES

- BETTER CARE FOR PATIENTS AND IMPROVEMENT OF ENPOWERMENT IN CARE DECISION
- BETTER RELATIONSHIP BETWEEN PATIENT AND MEDIATOR BASED ON TRUST
- BETTER FOLLOW UP AFTER DISCHARGE (AMIC NETWORK)
CCM NUMBER OF CALLS IS A PROXY OF PERCEIVED UTILITY

TIME FRAME OF INTERVENTIONS IN THE WHOLE PROCESS OF CARE AS A PROXY OF CONTINUITY

CROSS CULTURAL MEDIATION AS JCI STANDARD OF CARE FOR PATIENTS AND FAMILY RIGHTS FUNCTION - PFR
The EFQM Excellence Model
THEN WHAT?

- Extension of the CCM to the entire health care trust of autonomous province of Trento (6 more hospitals and outpatient settings)
- CCM after discharge in the primary care setting to improve continuity of care
- CCM as a tool to improve self-management and direct involvement in the process of care