

Service-level assessment

Domain	Activity	Ideas and examples	Baseline rating (1–5)	Improvements planned (Short-term or Long-term)	Post rating (1–5)
Cultural safety	Have you engaged with local Elders, community, the primary health network, local council and Aboriginal Land Council?	<ul style="list-style-type: none"> • Contact local Aboriginal Medical Service, primary health network, Aboriginal Land Council, and community centres and invite representatives for morning tea, discussions and storytelling. • Work in partnership to improve the patient experience. • Provide Welcome to Country for events (e.g. patient groups). • Recognise significant cultural days on the ward (e.g. NAIDOC week, Reconciliation Action Week, Sorry Day, National Apology Day). • Complete an Aboriginal Impact Statement. • Watch the video: Aboriginal Health Impact Statement Animation. 			
	Do you have recognisable culturally safe spaces for visitors and patients?	<ul style="list-style-type: none"> • Display appropriate resource materials in simple language. • Provide tea and coffee for family visits. • Allocate a private space, as required (indoor and outdoor options). • Display relevant artwork and recognise culture. • Display Aboriginal map of Country. • Display My rehab, my journey - Gadjigadji poster. • Share patient stories. 			
	Do you have a cultural collaborator appointed on the ward to improve the cultural competence of the service?	<ul style="list-style-type: none"> • Appoint a key staff member on a rotational basis from different disciplines to assist with implementing identified improvements from this survey and maintain cultural responsiveness. • Establish a ward-based approach to cultural orientation using the resources in the toolkit for new starters. 			
	Have you ensured all staff have up-to-date and regular cultural respect training?	<ul style="list-style-type: none"> • Audit 'Respecting the Difference' training among staff. • Invite local Elders/Aboriginal liaison officers (ALO) to provide additional training. • Offer clinical staff skill development in social, diagnostic and management clinical yarning • Invite the ALO to provide regular chat sessions for staff. 			

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Physical environment	Do you have examples of local artwork, flags, acknowledgement, culturally adapted brochures and information sheets where available, prominently displayed in the ward area?	<ul style="list-style-type: none"> • Contract local artists to submit artwork. • Use ACI My rehab, my journey - Gadjigadji poster and existing artwork available through the local health district. • Display information and promotional resources about this program. • Decorate family visiting and/or reception areas with information/materials. • Hang curtains displaying Aboriginal art, where available. • Encourage staff to wear uniforms with cultural symbols, where available. 			
Engaging workforce	Have you routinely ensured ALOs are involved with Aboriginal patients?	<ul style="list-style-type: none"> • Ensure staff are familiar with local ALO/Aboriginal Health Worker. • Display the contact details of your ALO (refer to the ward template poster). • Establish rapid communication pathways between clinical staff and ALO. • Involve ALO and other community agencies in care planning, case conferences and discharge planning, where appropriate. • Ensure appropriate documentation and communication regarding cultural adaptations/considerations. 			
Care environment	Do you offer flexible scheduling of therapy and ward activities to allow for family involvement and visits?	<ul style="list-style-type: none"> • Conduct discussions with patients and their identified family members or contact person regarding optimum scheduling to accommodate family visits, times and involvement, as appropriate. • Use outdoor therapy options that match patient interests. • Encourage weekend leave to allow patients to go back to Country. • Involve relevant family/contact person in case conferences. 			

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Communication and discharge planning	Do you have a contact list/ photos of Aboriginal workers and organisations within (and external to) the hospital available and on display?	<ul style="list-style-type: none"> • Invite ALO onto the ward regularly. • Display the contact details of your ALO (refer to the ward template poster). • Routinely discuss and include cultural issues in discharge information for Aboriginal people in consultation with ALO. 			
	Do you offer a virtual care option for follow-up and review visits?	<ul style="list-style-type: none"> • Establish links to community services for follow-up and support. • Offer clear communication regarding follow-up appointments and options, including virtual care. 			
	Do you provide a shared decision-making framework in goal setting?	<ul style="list-style-type: none"> • Read the following resources: <ul style="list-style-type: none"> – Decision Making Framework for NSW Health Aboriginal Health Practitioners – Consumer Enablement Guide – shared decision making – Consumer Enablement Guide – Aboriginal People and Communities – Consumer Enablement Guide – Culturally Responsive Practice. • View the Clinical Yarning: Diagnostic and Management Yarning video. 			
Governance and communication	Is there a mechanism to communicate issues from the rehabilitation ward to the Executive?	<ul style="list-style-type: none"> • Identify an Executive Sponsor and governance framework (committee) to support cultural safety and facilitate implementation and communication of improvements and challenges. • Involve local Aboriginal community members to assist in the governance and quality improvement process. • Use and enable the role of the cultural collaborator. • Review patient experience survey results to provide feedback to the Executive. 			

Tip!

For an organisational review, refer to the [National Safety and Quality Health Service Standards User guide for Aboriginal and Torres Strait Islander health](#)

Staff-level assessment

Domain	Activity	Ideas and examples	Baseline rating (1–5)	Improvements planned (Short-term or Long-term)	Post rating (1–5)
Cultural competence	Staff perform self-assessment knowledge quick quiz.	<ul style="list-style-type: none"> • Staff do the clinician quick quiz. • Build knowledge assessment into orientation process. 			
	Staff routinely check patient notes for ALO or social worker (SW) entries and updates.	<ul style="list-style-type: none"> • Provide regular ward education/in-service. • Invite the ALO/SW to provide regular chat/yarning sessions for staff. 			
Communication and discharge planning	Staff use plain English communication, without jargon.	<ul style="list-style-type: none"> • Provide ward education/in-service. • Invite the ALO/SW/local community to provide regular chat sessions for staff. • Ensure the patient is informed and consents to all aspects of care (as part of routine care). • Set expectations with patients regarding length of stay, treatment and therapy routines, visiting, weekend leave. • Check back with the person to ensure understanding. • Use pictures to explain. • Use social, diagnostic and management clinical yarning on a daily basis. • Share information with trusted family members. • Allow time for conversation and clinical yarning approach. 			
	Staff work in partnership with the ALO when Aboriginal patients are admitted.	<ul style="list-style-type: none"> • Encourage regular meetings with ALO and the SW department. 			

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Communication and discharge planning (Continued)	Staff have a full and early understanding of discharge arrangements and requirements, including family, housing, employment, financial issues.	<ul style="list-style-type: none"> • Encourage regular meetings with ALO and SW department. • Identify key community contacts. 			
	Staff use a shared decision-making approach to set goals and understand what is important.	<p>Read the following resources:</p> <ul style="list-style-type: none"> • Decision Making Framework for NSW Health Aboriginal Health Practitioners • Consumer Enablement Guide – shared decision-making • Consumer Enablement Guide – Aboriginal People and Communities. 			
	Staff routinely link with 48-hour follow up and appropriate community services.	<ul style="list-style-type: none"> • Tailor and display ALO's contact details. Use the ward template poster. 			
Privacy	Staff routinely check preference for male or female nurse.	<ul style="list-style-type: none"> • Address privacy concerns for men's and women's business. 			



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Care environment	Staff check that scheduling of therapy and ward activities fits with patient preference and family visiting.	<ul style="list-style-type: none"> • Provide training regarding clinical yarning (pp18-26). • Show the Clinical Yarning: Social Yarn and Clinical Yarning: Diagnostic and Management Yarning videos to staff. 			
	Staff check food preferences.	<ul style="list-style-type: none"> • Discuss options available for integration of traditional foods or alternative choices. 			
	Staff routinely check family requirements regarding next of kin and preferred contact, visiting arrangements, transport, accommodation, clinical contact point for the family.	<ul style="list-style-type: none"> • Encourage regular meetings with ALO and SW department. • Invite the ALO/SW/local community to provide regular chat sessions for staff. 			



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What areas would you like to improve? (e.g. items with a rating < 3)	Priority	Why do you feel this is important?