French language service continuity to enhance quality care and patient safety
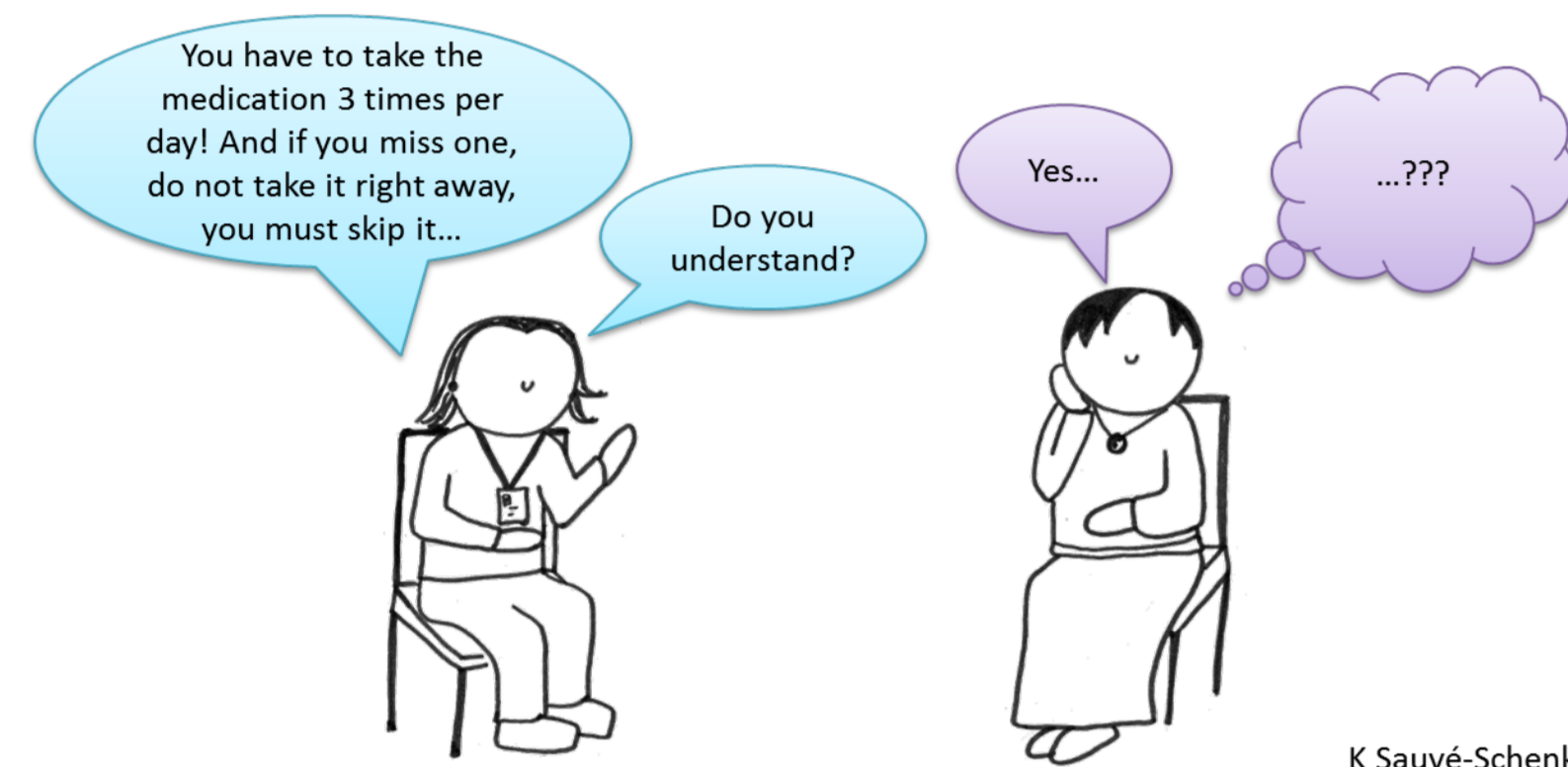
Jacinthe Savard[1], Danielle de Moissac[2], Sébastien Savard[1], Florette Giasson[2], Lucy-Ann Kubina[1]

1: University of Ottawa; 2: Université de Saint-Boniface

GReFoPS — Groupe de recherche sur la formation professionnelle en santé et service social en contexte francophone minoritaire

uOttawa — Université de Saint-Boniface — Une éducation supérieure depuis 1818

CONTEXT

Multiple studies[1] have documented the negative impacts of linguistic barriers during the health care user-provider encounter, among others:
- diagnostic errors;
- reduced understanding of care directives leading to difficulty following recommendations or medication regimes;
- difficulty with trust-building;
- tendency to delay care.

Hence, access to health and social services in one's official language of choice is an important aspect of quality and safe care.

Healthcare providers tend to overestimate the ability of their patients to master their second language[1]. And patients tend to underdeclare their difficulty understanding the healthcare professional.

You have to take the medication 3 times per day! And if you miss one, do not take it right away, you must skip it...

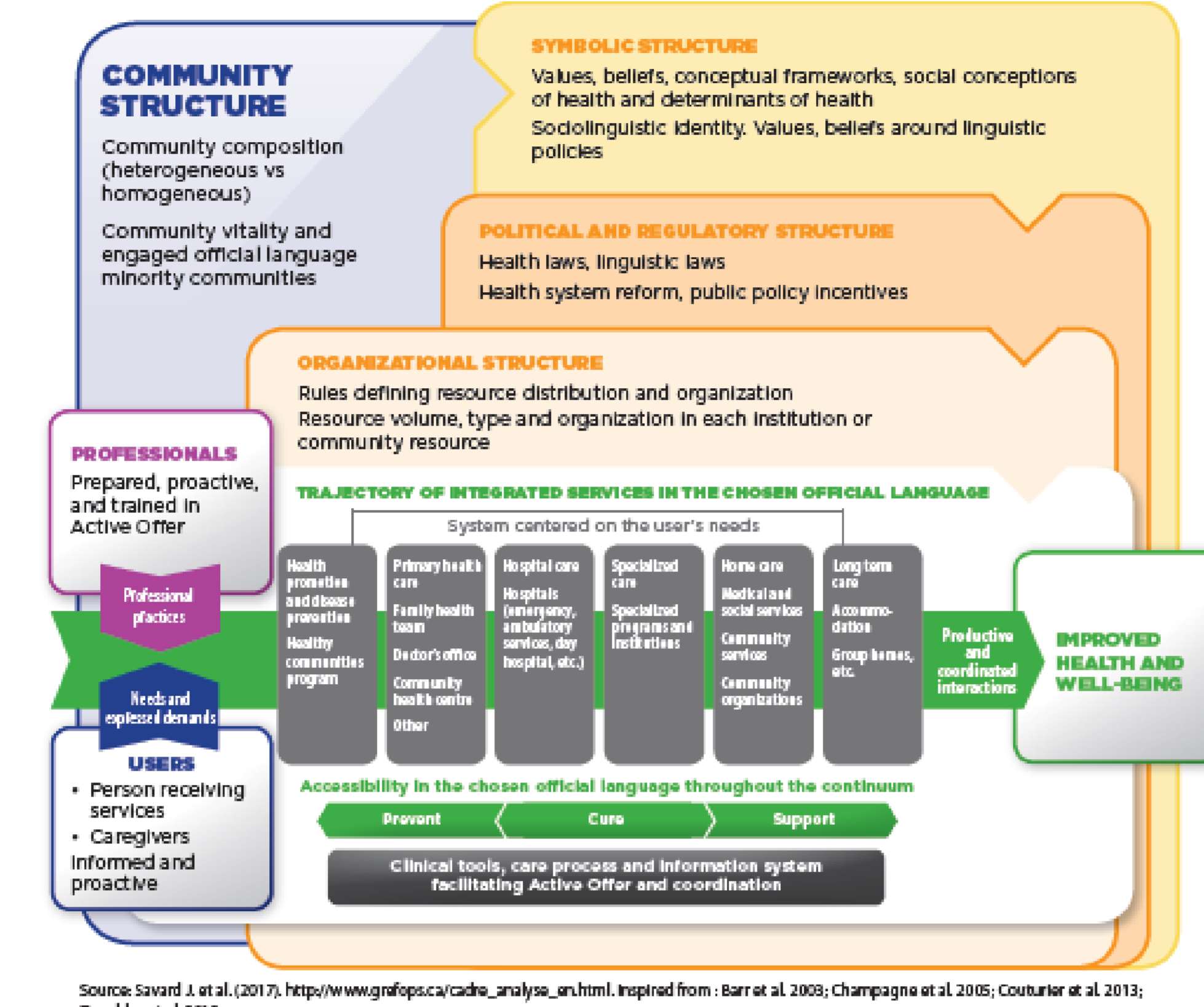Do you understand?

Yes... ...???

K Sauvé-Schenk

Despite the Ontario French Language Services Act and a relatively high number of bilingual care providers practicing in the Champlain LHIN regions, our prior research demonstrated that Francophone seniors experienced fragmented access to French language services[2].

Access to French language services throughout the continuum of care (e.g. acute care, primary healthcare, community social services) has only recently been highlighted as a main feature of integrated care.

OBJECTIVES

- Identify mechanisms promoting or impeding clinical integration of health and social French language services intended for Francophone seniors living in linguistic minority settings.
- Co-construct guidelines that would foster the continuity and integration of French language services provided to Francophone seniors living in a minority context.

METHODS

- Participatory community study
- Respondents (individual interviews or focus groups):
  - 25 managers from healthcare and social service organizations
  - 37 care providers from the same organizations
  - 48 French speaking seniors or caregivers
- Data collected in Eastern Ontario and Manitoba

5 sub-regions in the Champlain LHIN

St- Boniface, near Winnipeg
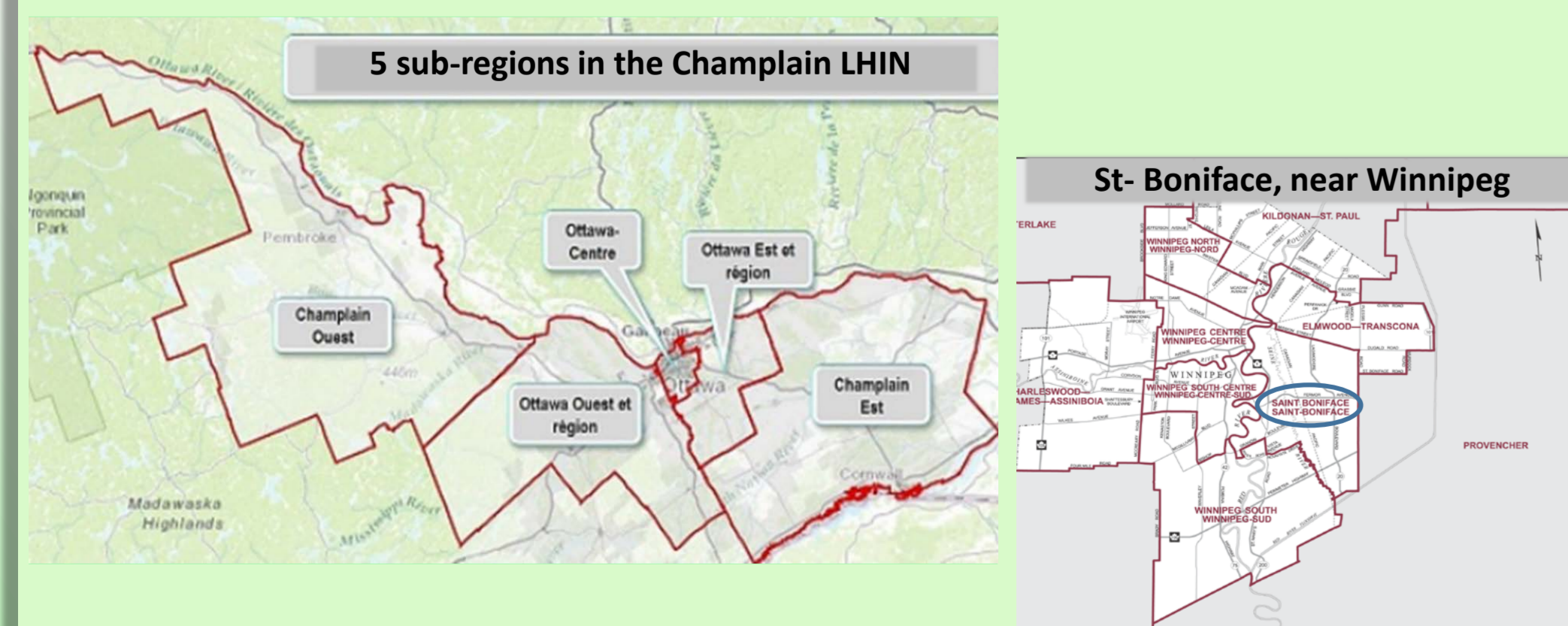
- Data were analyzed using the framework developed by our research group (see above) to map relationships between various actors who influence the trajectory of health and social services in official language minority communities.

CONCEPTUAL FRAMEWORK[3]

Source: Savard J. et al. (2017). http://www.grefops.ca/cadre_analysa_an.html. Inspired from : Barr et al 2003; Champagne et al 2005; Couturier et al 2013; Tremblay et al 2012

Active Offer

Bonjour! Hello!

"a verbal or written invitation to users to express themselves in the official language of their choice. The active offer to speak their language must precede the request for such services" [4]

RESULTS

Facilitators that Foster Continuity of French Language Services

- Formalized linguistic variable data collection practices
- Shared communication tools
- Directories of bilingual services and service providers
- Formal interagency agreements
- Active participation of managers in working groups on French Language Health Services
- Informal active offer of French services by care providers
- Informal networking between care providers

Barriers to the Continuity of French Language Services

- Lack of understanding of the impact of language barriers on access to safe, satisfactory and quality care
- Triage that ignores linguistic needs
- Lack of active offer practice from care providers
- Shortage of bilingual service providers and French language services
- Lack of resources for translating and producing documentation in French
- Differences in organizational mandates, cultures and financial structures
- Lack of a formal intersectoral actions for continuity of French language services

RESULTS

Guidelines to Improve the Continuity of French Language Health and Social Services

Francophone, Francophile and Anglophone Service Providers
1. Gain the knowledge and skills required to practice active offer.
2. Contribute to service providers' enthusiasm and sense of belonging to the Francophone community.
3. Take part in establishing formal or informal relationships and collaborative networks between Francophone and bilingual service providers, and between individuals or organizations that can provide services in French.

Francophone Communities
4. Increase the Francophone community's visibility within the health and social service sectors in linguistic minority settings.
5. Develop connections between the community and organizations that provide health and social services in French, to expand their visibility and enhance the community's use of these services.

Organizational Structure
6. Raise awareness about, and train managers in, active offer.
7. Organize resources to enable active offer.
8. Encourage Francophone managers and professionals to continue championing the Francophone cause in English-speaking committees and working tables of which they are members.
9. Formalize liaison and coordination processes among French language health and social service providers to promote service continuity.

Political and Regulatory Structure
10. Integrate the concept of active offer into laws and policies overseeing French language health and social services in Canadian provinces and territories.
11. Implement policies that account for the linguistic variable in the organization of health and social services.

Symbolic Structure (values)
12. Draw on values such as patient safety, client-centred services, quality of care, and universal access currently conveyed by health and social service organizations to promote access to services in French.
13. Value Francophone seniors' participation when looking for solutions to improve the continuity of their intended health and social services

DISCUSSION

- The study's 13 recommendations emphasize the importance of adopting policies that consider the linguistic variable in service organization and delivery.
- They highlight the need for an organizational structure that values and ensures leadership on this matter, establishes formal collaborative agreements between designated institutions, fosters networking among various Francophone actors in both social services and health systems, and in Francophone communities.
- Results are presented in a complete report[5], and a brochure[6] to encourage community mobilisation.

Future directions

- Results led to the creation of an organisational self-assessment tool[7] that stimulates reflection on areas for improvement;
- First experimentation of this tool : In contrast to working in isolation, managers found it useful to think of collaborative ways to improve French language services.

CONCLUSION

- This study highlights the possibility for new collaborative approaches among a variety of actors promoting the continuity of French language health and social services to Francophone seniors living in a linguistic minority context.

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