

#### **Supporting Information**

#### **Supplementary materials**

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

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# Supplementary materials

## Table of Contents

A. PI	PROTOCOL VARIATIONS	3
B. P/	PATIENT RECORD SCREENING PROCEDURE	4
	STUDY QUESTIONNAIRES	
1. 2. 3.	2. Refugee health survey	6
D. C	CONSORT CHART OF FLOW OF PATIENTS THROUGH STUDY	7
E. PF	PRIMARY OUTCOME MODEL BUILDING AND TESTING	9
V	Model Building Steps  Validity of modelling practices as random  Sensitivity analyses	10
F. PF	PRIMARY OUTCOME: SUPPLEMENTARY RESULTS	13
	DIFFERENCE IN ESTIMATED PROPORTIONS	
G. SI	SECONDARY OUTCOMES	17
SE	SECONDARY OUTCOME — RECORDING OF REFUGEE STATUS	19
J	JECONDANT OUTCOIVIE - EASE OF REFERRAL TO SERVICES	

### A. Protocol variations

Several modifications were made to the implemented trial.

Section of paper	Change
Setting and	The first ineligibility requirement was waived in Region 1 because of the
participants	extent of past and current training in the region.
Statistical methods	Practice size was calculated using practice description survey data, rather than the estimates used for randomisation. A sensitivity analysis using the original randomization estimates yielded results similar to those reported in the main model (Supporting Information, Tables E3).
Secondary outcome 1	Unlike the primary outcome measure, there was no date associated with changes in patient records in the PenCS CAT, so to ensure that changes in patient records could be attributed to the correct 6-month period, Here, the target population was changed from refugee background patients to those who had presented to the practice for the first time in the preceding 6 months.
Secondary outcome 2	The measurement of this outcome was updated during the trial to account for the poor recording of the need and use of interpreters in the electronic medical record. Instead, we sourced practice-level usage rates from the TIS National.
Statistical methods	The modelling approach applied for the primary outcome and secondary outcome1 was not done for secondary outcome2 due to very low numbers of TIS National services provided and such approaches produce heavily biased parameter estimates if events are rare.
Statistical methods	Practice size was calculated using practice description survey data, rather than the estimates used for randomization. A sensitivity analysis using the original randomisation estimates yielded results similar to those reported in the main model (see Supporting Information, Table E3).

#### B. Patient record screening procedure

Patient records were screened for inclusion using the following procedure.

- 1. Patients with a Year of Arrival before 2012 were removed from the dataset.
- 2. Patients with a first visit date before 01/01/2012 were removed from the dataset.
- 3. Patients without a country of birth, ethnic background or language recorded from Table B1 were removed from the dataset.

Conflicts arising during Step 3 were resolved using the following rules:

- Anyone with the words "refugee" or "asylum seeker" recorded in the medical record were included, regardless of country of birth or ethnic background.
- If there was conflicting data regarding country of birth, ethnic background and language, recorded country of birth was prioritised first, then ethnic background, with language last.
- If there was conflicting data between defined fields (i.e. formal country of birth and ethnic background fields) and free text fields (e.g. social history, warnings/comments), defined fields were prioritised.
- Entries referencing countries of interest in the context of travel/immunisation were removed if it did not already contain reference to being a refugee/potentially from a refugee background. This included comments such as "Sudan on June 30", "Iraq for family".
- Patients with multiple recorded ethnicities were deleted if their origins were not geographically close enough to suggest that one ethnic background might be referring to a transit country (e.g. "Ethnicity: Syrian, Lebanese" was accepted, but "Ethnicity: Afghan, Sudanese" or "Ethnicity: Iranian, South African" were excluded).
- Children (i.e. patients <18 years) born in transit countries were removed from the dataset if the ethnic background matched the country of birth (e.g. Country of Birth- Egypt, Ethnicity-Sudanese would be included, but Country of Birth- Egypt, Ethnicity- Arab would be included)
- Data referring to Arabic without any other information suggesting the patient was from a refugee background was deleted as speaking Arabic or being of Arabic ethnic background (Arab) is too broad and unlikely to suggest that a patient is a refugee.
- Data with "mon", "as", "chin", "gio", "han", "shan", "mano" or "karen" (including italicised variations) was removed if the context suggested that it meant something in a different context to what the search parameters intended (e.g. 'Karen was angry, 'cut on the chin', 'as per Dr', 'review on Mon') and the entry did not contain a further reference to identified refugee or potential refugee background.

Table B1. Countries of birth, ethnicities and languages corresponding to recent humanitarian arrivals

Country	Ethnic groups	Official languages	Recognised languages
Refugees			
Afghanistan	Afghan, Hazara, Hazaragi, Aimaq, Baloch, Gujar, Nuristani, Pashai, Pashto, Pashtun, Pathan, Qizibash, Tajik, Uzbek, Turkmen, Dari	Dari, Pashto	Hazaragi, Uzbek, Turkmen, Balochi, and Pashayi
Bhutan	Assamese or Sharchop, Bhutanese, Lhotsampa, Ngalop or Bhote, Kirat, Tamang, Magar, Brahman, Chhetri, Gurung	Dzongkha	Chocangaca, Lakha, Brokkat, Brokpa, Laya, Khams Tibetan, Bumthang, Kheng, Kurtop, Dzala, Nyen, 'Ole, Takpa, Chali, Tshangala, Gongduk, Lepcha, Lhokpu, Nepali, Sikkimese, Groma, Toto

Country	Fahnia grauna	Official	Descriped languages
Country Burma or	Ethnic groups  Burmese or Bamar, Chin, Dai, Karen,	languages Burmese	Recognised languages Shan, Karen, Kachin, Mon
Myanmar	Karenni, Mon, Rohingya, Shan, Arakan, Kachin, Kayin, Kayah, Rakhine	burniese	Stidil, Kateri, Kaciiii, Moii
Burundi	Tutsi, Twa, Bwa	French, English, Kirundi	Swahili
Democratic Republic of Congo, Congo or DRC	Bantu, Congolese, Luba, M'Bochi, Mangbetu-Azande, Mongo, Teke, Bakongo, Swahili, Kswahili, Lingala	French	Kikkongo, Lingala, Swahili, Tshiluba
Eritrea	Afar, Beja, Bilen, Eritrean, Kio, Rashaida, Saho, Hidarb, Kunama, Nara, Tigre, Tigrina	Tigrinya, Tigre, Arabic	Saho, Afar, Dahlik, Kunama
Ethiopia	Afar, Amhara, Amharic, Ethiopian, Gamo, Gurage, Hadiya, Kambaata, Kefficho, Kio, Oromo, Sidama, Silte, Tigray, Tigre, Tigrinya, Welaita, Afar, Nilotic	Amharic	Oromo, Somali, Tingrinya, Sidamo, Wolaytta, Gurage, Afar
Iran	Armenian, Azeri or Azari, Azerbaijani, Iranian, Kurd, Kurdish, Lur, Pamiri, Persian, Tajik, Baluchi or Baloch, Arab, Turkmen, Assyrian, Chaldean, Syriac, Farsi, Mandean	Persian/Farsi	Azerbaijani, Kurdish, Gilaki, Mazandarani, Luri, Arabic, Balochi
Iraq	Iraqi, Kurds	Arabic, Kurdish	Syriac-Aramaic, Feyli Lurish
Liberia	Gio, Gola, Grebo, Kpelle, Kru, Liberian, Lorma, Mano, Mandingo, Vai	English	Kissi, Maninka, Loma, Kpelle, Dan, Mano, Bandi, Mende, Cai, Bassa, Dewoin, Gbii, Glaro-Twabo, Glio- Oubi, Grebo, Klao, Krahn, Krumen, Kuwaa, Sapo, Tajuasohn, Gola
Sierra Leone	Limba, Loko, Mende, Sierra- Leonean, Temne, Fula, Mandingo, Krio	English	Krio, Mende, Temne, Limba
Sudan	Acholi, Arabic, Dinka, Fallata, Fulani, Fur, Halpulaar, Nuer, Nuba, Sudanese, South Sudanese, Beja, Copts, Murle, Shilluk, Fertit, Jur, Equatorian, Misseriya, Lotuko	Arabic, English	Beja/Bedawi, Hausa, Tigre, Dinka, Nuer, Fur, Masalit, Zaghawa, Tese, Temein, Doni, Nobiin, Midob, Zande, Kadu, Rashad, Talodi-Heiban, Katla, Lafofa, Fulani
South Sudan		English	Arabic, Luo, Dinka, Nuer, Murle, Zande
Syria	Assyrian, Yazidis, Kurd, Kurdish, Druze, Alawites, Syrian, Turkmen, Chaldean, Syriac	Arabic	Kurdish, Aramaic, Assyrian
Tibet	Tibetan, Moinba, Lhoba, Naxi, Han, Hui, Nu, Drung, U-Tsang, Drokpa, Khamba	Tibetan	
Asylum seekers			
-	Tamil		Tamil
	Rohingya or Rohingyan		Rohingya
Children (i.e. ag	e <18 years) born in transit countries		
Egypt	Any of the ethnic backgrounds listed		
Pakistan	below.		
Thailand			

## C. Study questionnaires

- 1. Practice description survey
- 2. Refugee health survey
- 3. Practitioner survey



## **Practice Description Survey**

Version date: 11th September 2017

Thank you for taking the time to complete this survey. Your responses to this survey will help us to understand how your practice is currently organised, what information systems are used, who works here and what kinds of policies and procedures you have in place for working with patients. When responding to the questions, please feel free to involve others in the practice, including the OPTIMISE Practice Team members.

Q1 <u>Name</u> of practice
Q2 <b>Address</b> of practice
Q3 What is your <u>name and contact number</u> (We will get in touch with you if we have any questions of clarification.)

Q4 What is <b>your role</b> in the practice
¬
Q5 Please indicate who else in the practice helped to complete the survey (if relevant)

#### **SECTION A: About Your Practice Staff**

These questions will help us to understand how OPTIMISE works in different contexts, including the size and staffing levels and profession mix of practices.

We are asking for the <u>names</u> of staff to help us to ensure consent has been documented.

Q6 Please list the name(s) of the **general practitioners** who work in your practice:

	Name of General Practitioner(s)	Gender	Languages spoken	Sessions or half-days per week
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Q7 Does your practice employ <b>practice nurses</b> ?
○ Yes. Please go to Q7.1
○ No. Please go to Q8

Q7.1 Please list the name(s) of the **practice nurses** who work in your practice:

	Name of Practice Nurse(s)	Gender	Languages spoken	Sessions or half-days per week
1				
2				
3				
4				
5				

Q8 Please list the name(s) of the <u>practice managers</u> who work in your practice: A practice manager is responsible for the business management of the practice

	Name of Practice Manager(s)	Gender	Languages spoken	Sessions or half-days per week
1				
2				
3				
4				
5				

Q9 Does your practice employ <u>reception or administrative staff</u> ?	
○ Yes. Please go to Q9.1	
○ No. Please go to Q10	

Q9.1 Please list the name(s) of the <u>receptionist and administrative staff</u> who work in your practice:

	Name of Receptionist or Administrative Staff Member(s)	Gender	Languages spoken	Sessions or half-days per week
1				
2				
3				
4				
5				

Q10 Are there any other staff, including allied health professionals, who work in your practice:

	Name	Discipline (e.g. physio, psychologist)	Gender	Languages spoken	Sessions or half-days per week
1					
2					
3					
4					
5					

#### SECTION B: Roles and functions performed by staff in the practice

These questions explore the way you allocate different tasks and functions in the practice. This will help to design and implement strategies/activities.

Q11 Do nursing staff have <u>access to medical recorc</u>	<u>Is</u> within	Medical	Director	or Best
Practice?				

○ Yes, all nurses do
O No, no nurses do
O Some nurses do (please explain why your response in the box below)

#### Q12 **Appointments**

Please indicate <u>who is responsible</u> for the <u>following functions in the practice</u>, especially as they <u>relate to refugees</u>.

You can use th	Not done in our Doctors nurse manager Practice Practice Practice Dox below if you need to.  Other (please specify commer box below)					
1. Triage patients to decide the order of access to appointments based on urgency of need						
Q12.1 Comme	nts					

#### Q13 Consultation/support

Please indicate <u>who is responsible</u> for the <u>following functions in the practice</u>, especially as they <u>relate to refugees</u>.

	Not done in our practice (1)	Doctors (2)	Practice nurse (3)	Practice manager (4)	Reception/ admin (5)	Other (please specify in comments box below) (6)
1.Establish whether a patient needs an interpreter						
2.Book an interpreter						
3. Provide or support direct clinical care with an interpreter present (in person or on 'phone)						
4. Co-ordinates the conduct of health assessments						
5. Provide refugee health assessments						
6. Provide immunisations						
Q13.1 Comments						

#### Q14 Information systems

Please indicate <u>who is responsible</u> for the <u>following functions in the practice</u>, especially as they <u>relate to refugees</u>.

	Not done in our practice	Doctors	Practice nurse	Practice manager	Reception/admin	Other (please specify in comments box below)
Maintain a refugee patient register						
2. Collect and collate information about refugee relevant services						
3. Maintain directories of available services & programs						
4. Update clinical guidelines, pathways, protocols						
Q14.1 Commo	ents					

#### Q15 Follow up/Referral

Please indicate <u>who is responsible</u> for the <u>following functions in the practice</u>, especially as they <u>relate to refugees</u>.

	Not done in our practice	Doctors	Practice nurse	Practice manager	Reception/admin	Other (please specify in comments box below)
Manage     patient recall     for abnormal     test results						
2.Follow up patients who do not attend a previously scheduled appointment in the practice						
3. Arrange follow-up appointments at the practice						
4. Follow up to confirm that patients attended referral to external service						
Q15.1 Commen	ts					

### Q16 Staff development/quality improvement

Please indicate <u>who is responsible</u> for the <u>following functions in the practice</u>, especially as they <u>relate to refugees</u>.

	Not done in our practice	Doctors	Practice nurse	Practice manager	Reception/admin	Other (please specify in comments box below)
1. Organise staff training						
2. Audit medical records for quality improvement						
3. Ensure patient education and other materials are available in languages other than English						
Q26.1 Commer	nts					
Q17 Are there <u>other important functions</u> that are undertaken that are <u>relevant to providing</u> <u>care to people with refugee backgrounds</u> that are not mentioned above? If so, please describe here, and indicate whose role it is.						

Q18 Use th	Q18 Use this space if you wish to elaborate on any responses above							
SECTION C: About the systems in your practice These questions help us to understand the context in which you will implement change.								
Q19 What	are the <u>ope</u>	ning hours	of the practice	<b>?</b> 				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Hours								
Q20 Does	the practice	have an <u>ap</u>	pointment sys	stem?				
O Yes	s. Please go	to Q20.1						
O No.	Please go	to Q21						
Q20.1 Wh	at is the boo	oking interva	l (time allowed	) for a <u>stand</u>	lard appoi	ntment with	the doctor?	
O Les	C Less than 5 minutes							
○ 5-10 minutes								
O 11-15 minutes								
O 16-2	20 minutes							
O More than 20 minutes								

Q20.2 What is the usual booking interval (time allowed) for a <b>new patient appointment</b> ?
O Less than 5 minutes
○ 5-10 minutes
O 11-15 minutes
O 16-20 minutes
O More than 20 minutes
Q21 Do you confirm appointments with patients a before scheduled visits?
O Always or almost always. Please go to Q21.1
Often. Please go to Q21.1
O Sometimes. Please go to Q21.1
O Rarely or never. <i>Please go to Q22</i>
O Don't know or not applicable. <i>Please go to Q22</i>
Q21.1 How do you confirm appointments? For example, by phone, email or SMS

Q22 Does the practice promote the <u>use of the patient held electronic health record</u> (that is, My Health Record) to patients?
○ Yes. Please go to Q22.1
○ No. Please go to Q23
O Don't know. <i>Please go to Q23</i>
Q22.1 How do you promote the patient held electronic health record to patients? e.g. who is responsible, what information is provided to patients?
Q23 Does your practice use HealthPathways or Map of Medicine?
O Always or almost always
Often
○ Sometimes
Rarely or never
O Don't know
Q24 Does the practice offer patients <b>privacy</b> when requesting or providing personal information (to front-of-house/reception staff or clinicians)? For example taking the patient to a separate room when asking about their background, past medical care, etc. or provide sensitive information or advice.
○ Yes
○ No

Q25 Does the practice <u>bulk-bill</u> any patients?
○ Yes. Please go to Q25.1
O No. Please go to Q26
Q25.1 Please describe <b>who is bulk billed</b> (e.g. health care card only, all with Medicare card)
Q26 How does the practice bill <b>refugee patients who do not have a Medicare card</b> ?
Q27 Does the practice use the <u>Health Assessment Medicare items when providing care to</u> <u>refugee patients</u> ? For example, the MBS Item Numbers 701, 703, 705, 707 (noting that these are not specific to refugees)
○ Yes. Please go to Q27.1
○ No
O Don't know
Q27.1 Please explain how you use these Health Assessment items.

Q28 Does the pract	ice have <u>regular p</u>	ractice meetings	for clinical staff?	
O Yes, please	state how often			
O No.				
O Don't know				
O Not applicab	ole			
Q29 Does the pract	ice have <u>regular p</u>	ractice meetings	for non-clinical staf	<u>†</u> ?
O Yes, please	state how often an	d whether these ar	e combined with clin	ical staff
○ No				
O Don't know				
O Not applicat	ble			
Q28.1/29.1 If you responded 'N changes within the		how do you commi	unicate with staff abo	ut significant
Q30 Does the pract	ice use <b>professio</b> r	nal translation & i	nterpreting services	s?
·	Yes	No	Don't know	No need
By Telephone	0	$\circ$	0	$\circ$
Face-to-face	$\circ$		$\circ$	$\circ$

If you answered 'YES' to using professional translating and interpreting services via telephone or face-to-face, please go to Q30.1.

Otherwise, please go to Q31

Q30.1 Which <u>languages</u> do you most <u>commonly use</u>? Select up to 5 from the list below.

	Albanian	Kirundi (Rundi)
	Amharic	Krio
	Arabic	Kurdish
	Aramaic	Nepali
Aramaic	Assyrian or Assyrian Neo	Nuer
	Bari	Oromo
	Bosnian	Pashto
	Burmese	Persian
	Chaldean Neo Aramaic	Serbian
	Chin and related languages	Shilluk
	Croatian	Somali
		Swahili
	Dan (Gio-Dan)	Tamil
	Dari	Tigrinya
	Dinka	Turkish
	Farsi	Urdu
	Hakka	Vietnamese
	Hazaraghi	Zophei
	Karen	
	Karan S'Gaw	

Q30.2 Which <u>languages</u> are <u>most difficult to find professional interpreters</u> for? Select up to 5 from the list below.

	Albanian	Kirundi (Rundi)
	Amharic	Krio
	Arabic	Kurdish
	Aramaic	Nepali
Aramaic	Assyrian or Assyrian Neo	Nuer
	Bari	Oromo
	Bosnian	Pashto
	Burmese	Persian
	Chaldean Neo Aramaic	Serbian
	Chin and related languages	Shilluk
	Croatian	Somali
	Dan (Gio-Dan)	Swahili
	Dari	Tamil
	Dinka	Tigrinya
	Farsi	Turkish
	Hakka	Urdu
	Hazaraghi	Vietnamese
	Karen	Zophei
	Karen S'Gaw	

Q31 Availability of information in <u>a</u>		Yes - for		<b>5</b>
	Yes - for all patients who need it	some patients who need it	No	Don't know or not applicable
Does the practice provide information about clinic opening hours and services available in multiple languages?	0	0	0	0
Are waiting room signs written in languages other than English?	0	$\circ$	$\circ$	0
lf you answered 'YES – SOME PA Otherwise, go to Section D	TIENTS' please	e go to Q31.1		
Q31.1 Please describe how you de	etermine which	natients need thes	se services (	or strategies

SECTION D: About the patients in your practice	If you don't have the precise information
please "estimate" numbers and proportions to answer	the questions in this section. You will be
asked at the end of this section whether your estimate	es are based on your own views,
discussion with others or checking the practice databa	ases or records.

#### **Practice Patient Profile**

Q32 What is the (estimated) **total number of active patients** on the practice's books (that is, the number of patients visiting the practice approximately 3 times in the past 2 years)

Q33 What are the <u>predominant cultural or ethnic groups</u> in your practice, and what proportion of the practice would each group represent?

	Predominant cultural or ethnic group	Estimated % of all patients
1		
2		
3		
4		
5		

Q34 Can you estimate the proportion of <u>active patients</u> in the practice who have a r<u>efugee (or refugee-like) background?</u> (active = have visited 3 times in the past 2 years)

Q35 Please choose the <u>best description</u> of the <u>source of your information</u> from the following statements:
O The figures above are based on my own estimates
O The figures above are based on discussions with others in the practice
O The figures above are based on reviewing databases such as patient registers or auditing medical records
Q36 Use this space if you wish to elaborate on any responses above.

#### **Patient Register and Recall**

Q37 Does the practice <u>record the following information for new patients</u>?

	Always or almost	Often	Sometimes	Rarely or never	Don't know or not applicable
Employment status	0	$\bigcirc$	$\circ$	$\circ$	$\circ$
Healthcare card holder	0	$\circ$	$\circ$	$\circ$	$\circ$
Country of birth	0	$\circ$	$\circ$	$\circ$	$\circ$
Refugee or asylum seeker status	0	$\circ$	$\circ$	$\circ$	$\circ$
Country of origin	0	$\circ$	$\circ$	$\circ$	$\circ$
Year of arrival in Australia	0	$\circ$	$\circ$	$\circ$	$\circ$
Need for an interpreter	$\circ$	$\circ$	$\bigcirc$	$\circ$	$\circ$
Preferred language	0	$\circ$	0	$\circ$	$\circ$

	Not routinely collected	Warning section of clinical record	Social history section of clinical record	Progress notes in clinical record	Defined fields in billing software	As free text in billing software	Other (please specify in comment box below)
Employment status	0	0	0	0	0	0	0
Healthcare card holder	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Country of birth	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Refugee background including asylum seekers	0	0	0	0	0	0	0
Country of origin	0	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$
Year of arrival in Australia	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Need for an interpreter	0	$\circ$	$\circ$	$\circ$	$\circ$	0	$\circ$
Q39 Comment	:s						

Q40 How does the pr	ractice know o	r confirm that a	patient <u>needs ar</u>	<u>n interpreter</u>	?			
Patien	Patient is asked whether he/she needs an interpreter							
Patien	Patient requests an interpreter							
Other	Other							
Q41 Do the following refugee or asylum s		?	ormation the pra Yes,		Don't know			
		Yes, usually	sometimes	No	or not applicable			
Reception or admin	istrative staff	$\circ$	$\circ$	$\circ$	$\circ$			
Practice nu	irses	$\circ$	0	$\circ$	$\circ$			
Doctors	5	$\circ$	$\circ$	$\circ$	$\circ$			
Other, please	specify	$\circ$	$\circ$	$\circ$	$\circ$			
Q42 If you have any here.	other informati	ion that you thin	k it is important t	o capture, ple	ase include it			
	End o	of Practice Des	cription Survey					



## **Baseline Refugee Healthcare Survey**

Version date: 11<sup>h</sup> September 2017

Q1 Name and address of practice
Q2 Please indicate who in the practice was involved in completing the survey
Q3 Please note the names of <u>research team members involved in completing the survey</u>

#### SECTION A: NEW PATIENT PRESENTATIONS TO THE PRACTICE

Q4 How do <u>new patients with refugee backgrounds</u> currently <u>come to your practice</u>? (tick all that apply)

	Always or almost always	Often	Sometimes	Rarely or never	Don't know
Referred by settlement services	0	0	0	0	0
Referred by refugee health nurse	0	0	0	0	$\circ$
Referred by sponsor	0	$\circ$	$\circ$	$\circ$	$\circ$
Make their own appointment (or made by family or friends	0	0	0	0	0
Walk in	0	0	0	0	0
Q5 How does the practice <b>g</b> patient? (e.g., from referral they asked, who asks them	information; pati	ients are rout	inely asked; If th		

recording patients with a refugee background? If yes, please ask the respondents to provide copies after the survey has been completed.
○ Yes
○ No
O Don't know
Q7 Does the practice <b>collect/confirm refugee patients' year of arrival</b> to Australia?
○ Yes
○ No
O Don't know
Ask This Question:
If the response to Q7 is Yes
Q7.1 How does the practice <b>collect/confirm</b> their <b>year of arrival?</b> (i.e. how are patients asked – by whom, when, where?)

Q8 Are <u>new patients</u> asked what their <u>language</u> preferences are?
Always or almost always
Often
○ Sometimes
Rarely or never
O Don't know
Ask This Question:  If response to Q5 above is: Always or almost always OR Often OR Sometimes
Q8.1 How are patients asked about their language preferences?
Q8.1 <u>How are patients asked</u> about their language preferences? (include details of who is responsible, when and where patients are asked about language preferences, and whether <u>all refugee patients</u> are asked)
(include details of who is responsible, when and where patients are asked about language
(include details of who is responsible, when and where patients are asked about language
(include details of who is responsible, when and where patients are asked about language
(include details of who is responsible, when and where patients are asked about language preferences, and whether <u>all refugee patients</u> are asked)
(include details of who is responsible, when and where patients are asked about language preferences, and whether <u>all refugee patients</u> are asked)  Q9 Are <u>language preferences recorded</u> in a patient's medical record?
(include details of who is responsible, when and where patients are asked about language preferences, and whether all refugee patients are asked)  Q9 Are language preferences recorded in a patient's medical record?  Always or almost always
(include details of who is responsible, when and where patients are asked about language preferences, and whether all refugee patients are asked)  Q9 Are language preferences recorded in a patient's medical record?  Always or almost always  Often

Q10 Is the <u>need for an interpreter</u> recorded in a patient's medical record?
O Always or almost always
Often
O Sometimes
O Rarely or never
O Don't know
Ask This Question:
If response to Q7 is: Always or almost always OR Often OR Sometimes
Q10.1 <u>How is the need for an interpreter recorded</u> ? (include details of who is responsible, where in the medical record the information is noted, and whether the information is recorded for <u>refugee patients</u> in particular)

Q11 Does your practice <u>receive assistance from outside organisations</u> (like Primary Health Networks, Refugee Health Programs within the Local Health Authority) with <u>managing refugee patients</u> ?
○ Yes
○ No
O Don't know
Ask This Question:
If response to Q8 is Yes
Q11.1 If yes, what organisations or services (please note regional differences)
Refugee Health Fellow program
Refugee Health Nurse program
Local Primary Health Network (SEMPHN, NWMPHN or SWSPHN)
Local Settlement Services (AMES Australia, Settlement Services International). If a different settlement service, please specify
Victorian Refugee Health Network (Foundation House, Victorian Foundation for Survivors of Torture)
Other, please specify
Q12 Research officer: Record any comments about initial contact with patients with a refugee background made while answering the questions above or subsequently.

#### **SECTION B: USE OF INTERPRETING SERVICES**

Q13 Does your practice use <u>professional translating and interpreting services</u> (TIS National)?

	Yes	No	Don't know	No need
By telephone	0	0	0	0
Face-to-face	0	0	0	0
Q14 In your opinior <u>interpreters</u> ?	n, are <u>GPs</u> in the pra	ctice generally <u>un</u> e	comfortable workir	ng with
O Yes				
○ No				
O Don't know				
	on how to work with i	nterpreters been o	offered to <u><b>GPs</b></u> by the	e practice?
O Yes				
○ No				
O Don't know				

## Ask This Question:

If response to Q13 is Yes

Q15.1 <u>Please provide details</u> about any training GPs may have received on working with interpreters.

e.g. what type of training, when & who provided it? How many GPs participated?

Q16 In your opinion, are <u>nurses and other clinical staff</u> in the practice generally <u>uncomfortable working with interpreters</u> ?
○ Yes
○ No
O Don't know
Q17 Has <u>training</u> in how to work with interpreters been offered to <u>nurses and other clinical</u> <u>staff</u> by the practice?
○ Yes
○ No
O Don't know
Display This Question:
If the response to Q15 is Yes
Q17.1 <u>Please provide details</u> about any training nurses and other clinical staff may have received on working with interpreters.
e.g. what type of training, when & who provided it? How many nurses and other clinical staff participated?

Q18 In your opinion, are <u>reception staff</u> generally <u>uncomfortable working with interpreters</u> ?
○ Yes
○ No
O Don't know
Q19 Has <u>training</u> on how to work with interpreters been offered to <u>reception staff</u> by the practice?
○ Yes
○ No
O Don't know
Display This Question:  If the response to Q17 is Yes
II the response to Q17 is res
Q19.1 <u>Please provide details</u> about any reception staff may have received on working with interpreters. What type of training, when & who provided it? How many reception staff participated?

availability of interpreter services at the practice? If yes, please ask the respondents to provide copies after the survey has been completed.
○ Yes
○ No
O Don't know
Q21 Does each clinician/office have a <u>speaker phone</u> ?
○ Yes
○ No
O Don't know
Q22 Do phones have a <u>TIS sticker</u> on them?
○ Yes
○ No
O Don't know
Q23 Research officer: Record any comments about use of interpreting services made while answering the questions above or subsequently.

#### SECTION C: ASSESSMENTS AND HEALTHCARE

Q24 These questions relate to refugee health assessments

	Yes	No	Don't know	Not done in this practice
Does your practice use a Refugee Health Assessment template for screening people that have arrived in the last 12 months?	0	0	0	0
Does your practice set aside specific appointment times for completion of refugee health assessments?	0	0	0	0
Are longer appointments booked for refugee health assessments?	0	$\circ$	0	$\circ$
Is the practice nurse involved in refugee health assessments?	0	$\circ$	0	$\circ$
Q25 Research officer: Record a made while answering the ques	•		g refugee health	assessments

#### SECTION D: REFERRAL PATHWAYS FROM THE PRACTICE FOR REFUGEE CLIENTS

Q26 Does your practice have a <u>documented process for referral of refugee patients to</u> <u>external services</u> i.e. specialists, support services, maternal and child health, dental etc. If yes,

please ask practice staff to provide copies of the documented process after the survey has been completed.
○ Yes
○ No
O Don't know
Q27 Do staff help refugee patients (who need it) with referrals, such as making an appointment or advising about potential costs.
Always or almost always
Often
○ Sometimes
O Rarely or never
O Don't know
Q28 Does the practice have a <u>documented process to confirm whether refugee patients</u> <u>attended the services to which they were referred</u> ?
If yes, please ask practice staff to provide copies of the documented process after the survey has been completed.
○ Yes
○ No
O Don't know

Q29 Does the practice have a <u>list of specialists and services that bulk bill</u> for refugee patient referrals?
○ Yes
○ No
O Don't know
Q30 Does the practice have a <u>list of specialists who are bilingual and what languages they speak</u> ?
○ Yes
○ No
O Don't know
Ask This Question:  If the response to Q28 is Yes
II the reaponed to Q20 to rea
Q30.1 How is the list of bilingual specialists and the languages they speak updated? How do GPs access the list?
Q31 Research officer: Record any comments about referral pathways from the practice made while answering the questions above or subsequently.
Onn't know  Ask This Question: If the response to Q28 is Yes  Q30.1 How is the list of bilingual specialists and the languages they speak updated? How do GPs access the list?  Q31 Research officer: Record any comments about referral pathways from the practice made

#### **SECTION E: COMMUNICATION**

Q32 Does your practice <u>adjust care to suit refugee patients with low literacy</u> ? e.g. explain repeat scripts or use teach back?
○ Yes
○ No
O Don't know
Ask This Question:
If the response to Q30 is Yes
Q32.1 Please give some examples of how your practice adjusts care for refugee patients with low literacy

Q33 Do reception staff offer to <u>help refugee patients</u> when they are <u>filling out forms</u> required to support healthcare delivery (e.g. patient registration)?
○ Yes
○ No
O Don't know
Q34 Is health and health service <u>information provided to refugee patients in simple English</u> , if required?
○ Yes
○ No
O Don't know
Q35 Is health and health service <u>information provided to refugee patients in languages</u> <u>other than English,</u> if required?
○ Yes
○ No
O Don't know
Q36 Does your practice <u>provide refugee patients with updated medication summaries</u> that describe in easy to understand language what medicines the patient is to take and how? If yes, please ask the respondents to provide an example of one of these lists after the survey has been completed.
○ Yes
○ No
O Don't know

Q37 Research officer: Record any comments about communication with patients with refugee backgrounds made while answering the questions above or subsequently.
SECTION F: EDUCATION AND TRAINING
Q38 Have practice staff received any <u>cultural competency training</u> ?
○ Yes
○ No
O Don't know
Ask This Question:
If the response to Q36 is Yes
Q38.1 Please give details of any cultural competency training that practice staff may have received.
e.g. what type of training, when & who provided it? How many GPs, nurses and other staff participated?

Q39 Has the practice offered or supported access to any <u>education or training about refugee</u> <u>health to staff</u> over the past 12 months?
○ Yes
○ No
O Don't know
Ask This Question
If the response to Q37 is Yes
Q39.1 Please give details of refugee health training that practice staff may have received.
e.g. what type of training, when & who provided it? How many GPs, nurses and other staff participated?
Q40 Please describe any other specific strategies that your practice uses when providing healthcare to patients with refugee (or refugee-like) backgrounds here.

### **SECTION G: FINAL QUESTIONS**

Q41 What does your practice hope to get out of being involved in the OPTIMISE project?
Q42 At the end of the project how will you know that it was successful for your practice? What changes in your practice would you like to see as a result of the project?

**SECTION H: DOCUMENT CHECKLIST** 

Q43 Please clapplicable)	neck that the practice has provided copies of the following documents (if
	Policy/protocol for recognising refugee patients and recording this information
information	Signage or patient handouts on the availability of interpreter services (flyers, n booklets, posters etc)
	Process for referral of refugee patients to external services
referred	Process for confirming refugee patients' attendance at services to which they are
	Example medication summary
	Other, please specify
	End of Refugee Healthcare Survey



#### (Post intervention/6 mo follow up) OPTIMISE: Refugee Healthcare Survey

Instructions for researcher: Please review the practice's baseline refugee health care survey responses and the action plans to become familiar with the activities that the practice planned to undertake at the beginning of the intervention. Please take a printed copies of these documents with you to the visit.

When completing sections A-D, first check whether the practice made any changes to routines. If yes, ask all questions in the section as stated. If no, refer to the practice's responses to the questions at baseline at confirm that these responses are the same at post intervention and at 6-months follow up.

<b>Q1</b> Na -	ame and address of practi	ce	
-			
<b>Q2</b> Pl	ease note the names and	roles of practice staff involved in c	completing the survey
- -			
<b>Q3</b> Pl	ease note the names of re	search team members involved in	n completing the survey
- <b>Q4</b> На	ave there been any chango	es to practice staff in the last 6 mc	onths?
	O Yes	○ No	O Don't know
		ms of discipline, gender, language vorks at the practice three afterno	es spoken and sessions worked. E.g. one new bons a week.

The questions in this survey relate to your practice's involvement in the OPTIMISE Project.

As part of this project, several members of your practice worked as a team with a refugee health expert to improve the ways in which your practice organises and delivers care to patients from refugee backgrounds.

#### SECTION A: REFUGEE PATIENTS AT YOUR PRACTICE

Q5 Has your practice changed the status for patients since taking p	he way in which you collect/conf part in the OPTIMISE Project?	irm and record refugee or a	asylum seeker
Yes, proceed to ask Q6	- Q12		
O No, confirm practice re	sponses to Q6, Q7 and Q12 are t	he same as at baseline.	
<b>Q6</b> Does the practice have any vertugee background?	written policies and protocols abo	out recognising and recordi	ng patients with a
If yes, please ask the responden	ts to provide copies after the sur	vey has been completed.	
O Yes	○ No	O Don't k	now
NEW PATIENTS			
Q7 Does the practice collect/col	nfirm refugee or asylum seeker s	tatus for a new patient?	
Always or Often	en Sometimes	Rarely or never	O Don't know
If response is always/almost alw Q7.1 How is refugee or asylum s	vays, often or sometimes seeker status for a new patient d	etermined? (select all that	apply)
New patients as asked registration form	to state their country of birth or	ethnicity and year of arriva	in the new patient
New patients are asked form (e.g. tick box)	I whether they are from a refuge	e background in the new pa	atient registration
Staff ask new patients v	whether they are from a refugee	background directly	
Other, please specify			

#### **EXISTING PATIENTS**

<b>Q8</b> Does missing)	·	collect/confirm ref	ugee or asylun	n seeker stat	us for existir	ng patients	(if this information is
	ways or nost always	Often	O Some	etimes		rely or ever	O Don't know
	· ·	almost always, ofte r asylum seeker st			g patients?	(select all th	nat apply)
	Existing patie	nts are given a for	m to fill which	asks for cour	ntry of birth	or ethnicity	and year of arrival
	Existing patie	nts are given a for	m to fill which	asks whethe	r they are fro	om a refuge	ee background
	Staff ask exist	ing patients wheth	ner they are fro	om a refugee	background	d directly	
	Other, please	specify					
BOTH NI	EW AND EXIST	ING PATIENTS					
	•	e for collecting info ect all that apply)	rmation about	t refugee or a	asylum seeko	er status of	both new and
	eneral actitioners	O Practice nurses		ption or nistrative sta		her, please	specify
<b>Q10</b> Wh	ere is the info	rmation collected	about refugee	or asylum se	eeker status	recorded?	(select all that apply)
	Warnings bo	ox in Medical Direc	tor	Oth	her social his	story box in	Best Practice
Dir	Reason for p	oresentation field i	n Medical	Dia	agnosis in Me	edical Direc	tor or Best Practice
		oirth and year of ar	rival fields in		eparate refu or electronic		t register (paper
		omments box in Be	est Practice	Oth	her, please s	pecify	
	Ethnicity fiel	d in Best Practice					

General practitioners	O Practice nurses	Reception or administrative staff	Other, pl	ease specify
<b>Q12</b> Do the following seeker status?	staff have access to t	the information the practice	has recorded a	
	Yes, usually	Yes, sometimes	No	Don't know or not applicable
Reception or administrative staff	0	0	0	0
Practice nurses	0	$\bigcirc$	$\bigcirc$	$\bigcirc$
Doctors	0	$\circ$	$\circ$	$\circ$
Other, please specify	0	$\circ$	$\circ$	$\circ$
<b>)13</b> Research officer: <i>I</i>	Record any commen	ts about identifying and reco	ordina whether	natients are from a
		g the questions above or subs		outients are from a

#### SECTION B: USE OF INTERPRETING SERVICES

Questions in this section relate to the practice's use of the Translating and Interpreting Service (TIS National) and/or informal interpreters such as bi-lingual staff and family members to communicate with patients with have limited English language proficiency, particularly those from refugee backgrounds.

<b>Q14</b> Has your practice proficiency since takin	= :	which you work with refuge SE Project?	ees who have limited	English language
O Yes, proceed	to ask Q15 - Q21			
O No, confirm p at baseline.	practice responses to	Q15, Q15.1, Q16, Q17, Q18	3, Q18.A.2, Q19 and (	Q20 are the same as
Q15 Are new patients	asked what their lan	guage preferences are?		
Always or almost always	Often	O Sometimes	Rarely or never	O Don't know
If response is always/a Q15.1 Are language pr	· ·	or sometimes n a patient's medical record	d?	
Always or almost always	Often	Sometimes	Rarely or never	O Don't know
Q16 Does the practice	e confirm whether a p	patient needs an interpreter	r?	
Always or almost always	Often	Sometimes	Rarely or never	O Don't know

Q16.1 H	How does the pra	ctice confirm a pati	ent's need fo	or an i	nterpreter	r? (se	elect all that ap	ply)	
		their need for an in ie new patient regis			-	patie	bers and friend nt's language p preter		-
	card which states	practice staff a TIS that the patient's princed for an interp	referred	р	eferring ag ractice sta	ency ff of t	or client liaiso (e.g. settlementhe patient's la need for an in	nt) advi nguage	ses
lä	oreferred languag	actice staff know th e by pointing it out poster displayed at	on a TIS	_	Other, p	pleas	e specify		
Q16.2 \	Who is responsibl	e for confirming wh	nether a patio	ent ne	eeds an int	erpre	eter?		
	eneral ractitioners	O Practice nurses	Recept admin		r ive staff	0	Other, please	specify	
Q16.3 I	s the need for an	interpreter recorde	ed in a patier	nt's m	edical reco	ord?			
	lways or Imost always	Often	O Somet	times		0	Rarely or never	0	Don't know
	pes your practice of sat the practice?	display and/or prov	ide informati	ion to	patients a	about	the availabilit	y of inte	erpreter
If yes, p	olease ask the res	pondents to provid	e copies afte	er the	survey has	bee	n completed.		
	Yes	(	○ No				O Don't k	now	

<b>Q18</b> Does your praction	ce use professional tr	anslating and interpretir	ng services (TIS Nationa	l)?
	Yes	No	Don't know	No need
By telephone	0	$\circ$	$\circ$	$\circ$
Face-to-face		$\circ$	$\circ$	$\circ$
Reception or Reception or Reception or	e practice book profe administrative staff p administrative staff p	phone or face to face ssional translating and in ore-book interpreters via ore-book interpreters over	a TIS Online ver the phone	
	nurses able to access	preters over the phone professional translating		
Always or almost always	Often	O Sometimes	Rarely or never	O Don't know
•	communicate with pa	nslating and interpreting atients from refugee bad	•	English language
		l/multi-lingual in one or ngual/multi-lingual in or		
Patient's fam	ily members or frienc	ls translate for the patie	ent (3)	
Other, please	specify (4)			

Q19 Does each clinician/off	ce have a speaker phone?	
O Yes	O No	O Don't know
<b>Q20</b> Do phones have a TIS s	ticker on them?	
Q20 DO PHONES Have a 113 3	ticker on them:	
O Yes	○ No	O Don't know
<b>Q21</b> Research officer: <i>Recor</i> questions above or subsequ		eting services made while answering the
SECTION C: ASSESSMENTS A	ND HEALTHCARE	
<b>Q22</b> Has your practice chan OPTIMISE Project?	ged the way in which you provide care	e to refugees since taking part in the
Yes, proceed to ask	Q23 - 24	
O No, confirm praction	e responses to Q23 - 24 are the same	e as at baseline.

Q23 These questions relate to refugee health	assessments	S
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	Yes	No	Don't know	Not done in this practice
Does your practice use a Refugee Health Assessment template for screening people that have arrived in the last 12 months?	0	0	0	0
Does your practice set aside specific appointment times for completion of refugee health assessments?	0	0	0	$\circ$
Are longer appointments booked for refugee health assessments?	0	0	0	$\circ$
Is the practice nurse involved in refugee health assessments?	$\circ$	$\circ$	0	$\circ$
<b>Q24</b> Does the practice use the Hea For example, the MBS Item Number Yes				to refugees)
<b>Q25</b> Research officer: <i>Record any canswering the questions above or s</i>		ertaking refugee	e health assessments	s made while
SECTION D: REFERRAL PATHWAYS	FROM THE PRACTICE	FOR REFUGEE C	CLIENTS	
<b>Q26</b> Has your practice changed the OPTIMISE Project?	e way in which you re	efer refugees to	external services sin	ce taking part in the
O Yes, proceed to ask Q27 -	29			
O No, confirm practice respo	onses to Q27 - 29 are	the same as at	baseline.	

<b>Q27</b> Do staff help refu		need it) with referrals, suc	ch as making an appoi	ntment or advising
Always or almost always	Often	Sometimes	Rarely or never	O Don't know
Q28 Does the practice	e have a list of spec	cialists and services that bu	ılk bill for refugee pati	ent referrals?
O Yes		○ No	O Don	t know
Q29 Does the practice	e have a list of spec	cialists who are bilingual ar	nd what languages the	y speak?
O Yes		○ No	ODon	t know
If yes,  Q29.1 How is the list of list?	of bilingual speciali	sts and the languages they	/ speak updated? How	do GPs access the
Q30 Research officer: the questions above o		ents about referral pathwo	ays from the practice n	nade while answering
SECTION E: EDUCATION	ON AND TRAINING			
Q31 Has the practice of over the past 6 month		ed access to any education	n or training about ref	ugee health to staff
O Yes		O No	ODon	t know
If yes,				

ECTION F: FEED	DBACK ON THE O	PTIMISE PROJEC	CT ACTIVITIES		
<b>32</b> What did th	e practice gain f	rom being invo	lved in the OPT	IMISE project?	

Q33 Please tell us to what extent you found the following aspects of the OPTIMISE project helped the practice to achieve what you set out to achieve

	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful (essential to success)	Dont know or no opinion	This wasnt part of our experience
The face to face facilitation visits from a refugee health expert to help plan and make changes; provide support and resources.	0	0	0	0	0	0	0
The follow up phone contacts from a refugee health expert in between face to face visits to help troubleshoot issues arising	0	0	0	0	0	$\circ$	0
The availability of the facilitator beyond the planned facilitation visits and phone calls.	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\circ$
The action plan approach to planning change within the practice and monitoring progress	0	$\circ$	0	$\circ$	$\circ$	$\circ$	$\circ$
The resource book (printed or electronic) with information on how to evidence based refugee health care	0	0	0	0	0	$\circ$	0
The cheat sheet with links to key resources on evidence based refugee health care	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
The PENCS CAT4 Refugee Health data which showed what the practice was doing well and what the practice could improve upon at the start of the project	0	0	0	0	0	0	0

	Not at all	A little	Quite a lot	A great deal
identifies patients from refugee backgrounds and records this information in the patients' medical records	0	0	0	0
identifies refugee patients' who need an interpreter and organise professional interpreting services for these patients	0	$\circ$	0	0
conducts comprehensive physical and mental health assessments using the Refugee Health Assessment template	$\circ$	$\circ$	0	$\circ$
identifies and refers refugee patients to appropriate health and social welfare services in the region	$\circ$	$\circ$	$\circ$	$\circ$
<del></del>				
SECTION G: DOCUMENT CHECKLIST				
Q36 Please check that the practice has pro				ıble)
				ıble)
Q36 Please check that the practice has pro	ugee patients and	d recording this	information	
Q36 Please check that the practice has pro-	ugee patients and	I recording this terpreter servic	information	
Signage or patient handouts on the posters etc)	ugee patients and e availability of in ients to external s	d recording this terpreter servic	information es (flyers, informa	ation booklets,



# **Individual Clinical Staff Survey**

Version date: 11th September 2017

**Baseline GP, Nurse and other clinical staff survey** Thank you for taking the time to complete this brief survey. The information you provide in this survey will help the practice tailor the OPTIMISE intervention to meet the particular needs and strengths of your practice and staff.

**SECTION A: ABOUT YOUR PATIENTS**\*Note: We are asking these questions about "<u>your patients</u>"—that is, the patients to whom you provide direct clinical care—because each GP or nurse in the practice may see a different mix of patients.

Q1 How many **patients with a refugee background** have you provided care to over the past 12 months? (An estimate is fine.)

Q2 What are the most **common languages** spoken by your **refugee patients**? Select up to 5 from the list below.

	Albanian		Kirundi (Rundi)
	Amharic		Krio
	Arabic		Kurdish
	Aramaic		Nepali
Aramaic	Assyrian or Assyrian Neo		Nuer
	Bari		Oromo
	Bosnian		Pashto
	Burmese		Persian
	Chaldean Neo Aramaic		Serbian
	Chin and related languages		Shilluk
	Croatian		Somali
	Dan (Gio-Dan)		Swahili
	Dari		Tamil
	Dinka		Tigrinya
	Farsi		Turkish
	Hakka		Urdu
	Hazaraghi		Vietnamese
	Karen		Zophei
	Karen S'Gaw		
Q2.1 Please no	ote <b>any other commonly used langu</b>	<u>ıages</u> here	

	proportion of your refugee patients are <u>not fluent in English</u> ? (Please provide as a % of your refugee patients)
	%
formally traine	proportion of your refugee patients who are not fluent in English do you use a ed interpreter (phone or in person)?  de your response as a % of your refugee patients) %
translate? (computer text	proportion of your refugee patients do you use <u>other means to interpret or</u> Not including trained interpreters. Examples include bilingual staff; written or training training member or friend)  de your response as a % of your refugee patients)
Q6 What <b>bar</b>	riers, if any, are there for your use of interpreters? Select all that apply.
	Cost
	Availability
	No systems in place
	Inability to get same sex interpreter
	Patient refusal
	Patient concern about confidentiality
	Issues with quality/training of interpreters
	Other, please specify

Q7 Do you use <u>HealthPathways or Map of Medicine for refugee care</u> ?
O Always or almost always
Often
○ Sometimes
O Rarely or never
O Don't know
Q8 Do you use <u>online resources</u> such as those provided by the Victorian Refugee Health Network or NSW Refugee Health Service <u>for refugee care</u> ?
○ Yes. Please go to Q8.1
O No. Please go to Section B.
O Don't know. Please go to Section B.
O Not applicable. Please go to Section B.
Q8.1 Please give some <u>examples of online resources</u> that you use for <u>refugee care</u>

#### **SECTION B: ASSESSMENT AND MANAGEMENT OF PATIENTS**

Q9 In the past 12 months, how often did you have <u>difficulty finding other services or</u> <u>providers to refer your patients</u> with refugee backgrounds for the following (if applicable)?

	Alwa or alr alwa	nost Of	ten	Sometimes	Rarely s or never	Don't know	Not applicable		
Social and settlemer issues	nt	0	0	0	0	0	0		
Mental health probler including PTSD	ns	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$		
Complex clinical proble	ems	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$		
Infectious Diseases	<b>.</b>	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$		
Oral and dental healt issues	th	0	$\bigcirc$	$\circ$	$\circ$	0	$\circ$		
Q10 If you have any comments to make about the question above, please use this space.  Q11 Please rate your confidence to undertake the following activities with your patients with refugee backgrounds.									
	Not at all	Slightly confident			oderately confident	Very confident	Not my responsibility		
Undertake a Refugee Health Assessment	$\circ$	$\circ$		$\bigcirc$	$\bigcirc$	$\circ$	$\circ$		
Assess requirements for catch-up immunisations	$\circ$	$\circ$		0	0	$\circ$	0		
Screen or arrange for screening for infectious diseases (eg TB)	0	0		0	0	$\circ$	0		
Arrange an interpreter (on phone or in person)	$\circ$	$\circ$		$\bigcirc$	$\circ$	$\circ$	$\circ$		

# Q12 Please indicate the extent to which you agree or disagree with the following statements

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion or don't know
I enjoy treating patients with refugee backgrounds	0	0	0	0	0	0
I find it difficult to provide care to patients from a different cultural background to my own	0	0	$\circ$	0	0	0
I find it difficult to provide care to patients who speak a different language to my own	0	0	0	0	0	0
Using professional interpreter services interferes with delivery of healthcare	0	0	0	0	0	0

# Q13 Please indicate the extent to which you agree or disagree with the following statements

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion or don't know
People in this practice operate as a real team	0	0	$\circ$	0	0	$\circ$
When we experience a problem in the practice, we make a serious effort to figure out what's really going on	0	0	0	0	0	0
Leadership in this practice creates an environment where things can be accomplished	0	0	0	0	0	0

# Q14 What is your name? Q15 What is your **role** in the practice? General practitioner O Practice nurse Other, please specify \_\_\_\_\_ Q16 How long have you worked in <u>a general practice setting</u>? Please provide your response as number of years to the nearest year \_\_\_\_\_Years Q17 How many sessions do you work per week in a general practice setting? Number of sessions or 1/2 days per week (1) In this general practice In other general practices (if applicable)

**SECTION C: ABOUT YOU** 

Q18 What is your ethnicity?

Q19 What **languages other than English** do you speak?

#### Q20 In which **country were you born**?

O Afghanistan	O Botswana	O Democratic Republic of
O Albania	O Brazil	the Congo
O Algeria	O Brunei Darussalam	O Denmark
O Andorra	O Bulgaria	Opjibouti
O Angola	O Burkina Faso	O Dominican Republic
O Anguilla	O Myanmar/Burma	O Dominica
O Antigua & Barbuda	O Burundi	O Ecuador
O Argentina	O Cambodia	○ Egypt
O Armenia	Cameroon	O El Salvador
O Australia	O Canada	C Equatorial Guinea
O Austria	Cape Verde	O Eritrea
O Azerbaijan	Cayman Islands	O Estonia
Bahamas	Central African Republic	O Ethiopia
Bahrain	○ Chad	O Fiji
Bangladesh	O Chile	O Finland
Barbados	O China	O France
Belarus	O Colombia	O French Guiana
Belgium	Comoros	O Gabon
Belize	Congo	O Gambia
Benin	O Costa Rica	O Georgia
Bermuda	O Croatia	O Germany
Bhutan	O Cuba	O Ghana
O Bolivia	O Cyprus	O Great Britain
O Bosnia & Herzegovina	Czech Republic	O Greece
-		O Grenada

Guadeloupe	Laos	O Montserrat
O Guatemala	O Latvia	Morocco
Guinea	Clebanon	O Mozambique
Guinea-Bissau	Lesotho	O Namibia
Guyana	Cliberia	O Nepal
O Haiti	Clibya	O Netherlands
Honduras	Liechtenstein	New Zealand
Hungary	O Lithuania	O Nicaragua
Clceland	Luxembourg	Niger
O India	Republic of Macedonia	O Nigeria
O Indonesia	O Madagascar	North Korea
O Iran	O Malawi	(Democratic Republic of Korea)
○ Iraq	O Malaysia	Norway
Israel and the Occupied	Maldives	Oman
Territories	O Mali	O Pacific Islands
O Italy	O Malta	OPakistan
◯ Ivory Coast (Cote d'Ivoire)	O Martinique	O Panama
O Jamaica	O Mauritania	O Papua New Guinea
O Japan	O Mauritius	O Paraguay
O Jordan	○ Mayotte	O Peru
C Kazakhstan (92)	O Mexico	OPhilippines
O Kenya (93)	Moldova, Republic of	OPoland
C Kosovo (94)	O Monaco	OPortugal
C Kuwait (95)	O Mongolia	O Puerto Rico
○ Kyrgyz Republic (Kyrgyzstan)	O Montenegro	O Qatar

Reunion	Sudan	Yemen
Romania	Suriname	O Zambia
Russian Federation	Swaziland	Zimbabwe
Rwanda	Sweden	
O Saint Kitts and Nevis	Switzerland	
O Saint Lucia	O Syria	
Saint Vincent's & Grenadines	○ Tajikistan	
Samoa	O Tanzania	
	O Thailand	
Sao Tome and Principe	O Timor Leste	
O Saudi Arabia	○ Togo	
○ Senegal	Trinidad & Tobago	
Serbia	O Tunisia	
Seychelles	O Turkey	
O Sierra Leone	O Turkmenistan	
Singapore	Turks & Caicos Islands	
Slovak Republic (Slovakia)	Uganda	
Slovenia	Ukraine	
O Solomon Islands	O United Arab Emirates	
Somalia	O United States of	
O South Africa	America (USA)	
South Korea (Republic	O Uruguay	
of Korea)	Ouzbekistan	
O South Sudan	O Venezuela	
○ Spain	○ Vietnam	
O Sri Lanka	O Virgin Islands (UK)	
	O Virgin Islands (US)	

If you responded 'AUSTRALIA' to Q20, please go to Q21. All other responses, please go to Q20.1

Q20.1 In what year did you arrive in Australia to live for one year or more?
Q21 Have you attended <u>face-to-face training or education on refugee health</u> in the past 3 years?
○ Yes
○ No
Q21.1 If Yes, Can you provide some information about this? (e.g. when was the training, who organised it)
Q22 Have you participated in <u>on-line training or education on refugee health</u> in the past 3 years?
○ Yes
○ No
Q22.1 If Yes, Can you provide some information about this? (e.g. when was the training, who organised it)
Q23 If you have any other information that you think is important to capture, please include it here.
End of Individual Clinical Survey



# (Post intervention/ 6 mo follow up) Post intervention and 6-month follow up GP, Nurse and other clinical staff survey

Thank you for taking the time to complete this brief survey.

#### SECTION A: ASSESSMENT AND MANAGEMENT OF PATIENTS WITH REFUGEE BACKGROUNDS

**Q1** Please rate your <u>confidence to undertake the following activities</u> with your patients with refugee backgrounds.

	Not at all	Slightly confident	Somewhat confident	Moderately confident	Very confident	Not my responsibility
Establish whether a patient is from a refugee background	0	0	0	0	0	0
Undertake a Refugee Health Assessment	0	0	0	0	0	$\circ$
Arrange an interpreter (on phone or in person)	0	0	0	0	0	$\circ$
Provide or support direct clinical care with an interpreter present (by phone or in person)	0	0	0	0	0	

Q1.1 What barrie	<u>rs</u> , ir any, a	are there for yo	our <u>use of ir</u>	<u>iterpreters</u> ? Se	elect all that ap	ріу.			
	Cost			Patient re	Patient refusal				
	Availabilit	у		Patient co	ncern about co	onfidentialit	У		
	No systen	ns in place		Issues wit	h quality/trainiı	ng of interp	reters		
sex interpre		o get same		Other, ple	ase specify				
Q2 In the past 6 n patients with refu					Rarely or	Don't	Not		
		always	Orten	S	never	know	applicable		
Social and settl issues	lement	0	0	0	0	0	0		
Mental health p including P		$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$		
Oral and dental issues	l health	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	0		
<b>Q3</b> Do you use <u>He</u>	ealth Path w	vays or Map of	Medicine fo	or refugee care	?				
Always or almost alway	ys (	Often	O So	metimes	Rarely or never	O Do	on't know		
Q4 Do you use <u>on</u> Refugee Health Se			ose provide		rian Refugee H n't know	ealth Netwo			

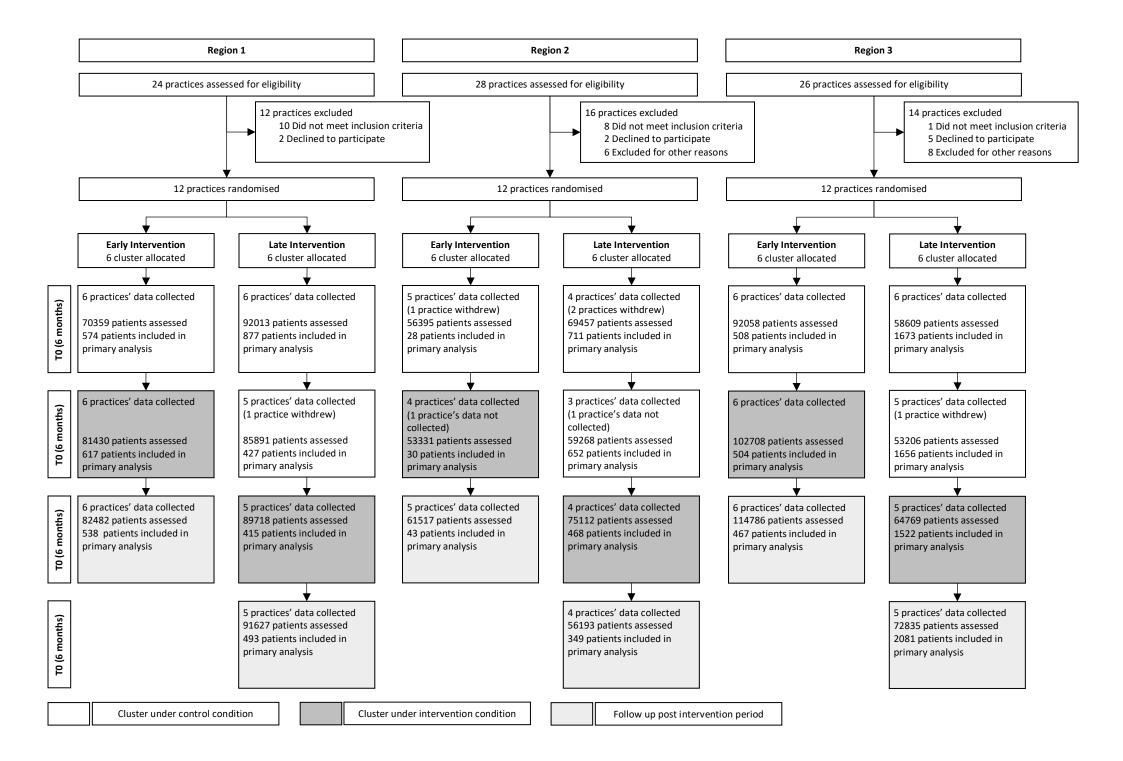
<b>Q5</b> Please indicate the <u>extent to which you agree or disagree</u> with the following statements							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion or don't know	
I find it difficult to provide care to patients who speak a different language to my own	0	0	0	0	0	0	
Using professional interpreter services interferes with delivery of healthcare	0	0	0	0	0	0	
<b>Q6</b> Are you aware of your p The OPTIMISE Project is foctor patients from refugee ba	ractice's invo	olvement in th		=	ganises and a	'elivers care	
○ Yes		O No		(	Don't knov	N	
The OPTIMISE Project focused on four key areas: refugee identification, interpreter use, conduct of comprehensive health assessments and referral. Your practice has been making changes to clinical and non-clinical routines relating to each of these areas over the last 6 months.							
Q7 Were you part of the team at your practice that was responsible for planning and implementing changes?							
O Yes, Go to Question 8		O No, Go	to Question 9		Don't knov	N	

<b>Q8</b> To what extent do yo	ou agree with the following statements
	Neither

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The changes proposed as part of OPTIMISE Project action plans were easy to incorporate into the existing practice and clinical routines	0	0	0	0	0	0	0
The facilitator helped the practice to implement the action plans	0	0	0	0	$\circ$	0	0
The practice will be able to sustain the changes that were introduced as part of the OPTIMISE Project after the study ends	0	0	0	0	0	0	0
I would recommend the OPTIMISE Project to other practices	0	0	0	0	0	0	0
Q8.1 Please add any cor	mments to y	your respons	es above here				

<b>Q9</b> To what extent do y	Strongly disagree	Disagree	Somewha t disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The changes proposed as part of the OPTIMISE Project action plans were easy to incorporate into the existing practice and clinical routines	0	0	0	0	0	0	0
<b>Q9.1</b> Please add any cor	mments to y	our respons	ses above her	e			
Q10 What is your name  Q11 Have you attended	?	g or educatio	on on refugee	<u>health</u> in the	past 6 months	5?	
(Other than your involve					•		
O Yes			O No				
If yes, Q11.1 Can you provide :	some inforn	nation about	t this? (e.g. wl	nen was the t	raining, who o	organised i	it)
Q12 If you have any oth	er informat	ion that you	think is impo	rtant to capt	ure, please incl	lude it her	re.

D. CONSORT chart of flow of patients through study



# E. Primary outcome model building and testing Model building steps

Table E1a. **Step 1**: fixed factors of intervention status, time point, and with clusters (clinics) as random.

Characteristics	OR [95% CI]
Intervention Status	
Pre-intervention (ref.)	
Post-intervention	1.80 [1.39 - 2.37]
Time point	
T0 (ref.)	
T1	0.59 [0.51 - 0.69]
T2	1.37 [1.02 - 1.83]
Т3	2.41 [1.76 - 3.29]

Note: N = 14,633. OR: Odds Ratio; CI: Confidence Interval.

Table E1b. **Step 2:** fixed factors of intervention status, time point, group, region and with clusters (clinics) as random.

Characteristics	OR [95% CI]
Intervention Status	
Pre-intervention (ref.)	
Post-intervention	1.83 [1.40 - 2.39]
Time point	
T0 (ref.)	
T1	0.59 [0.51 - 0.69]
T2	1.36 [1.02 - 1.82]
T3	2.38 [1.74 - 3.26]
Group	
Early (ref.)	
Late	6.87 [1.27 - 37.06]
Region	
Region 1 (ref.)	
Region 2	0.07 [0.01 - 0.64]
Region 3	0.21 [0.03 - 1.42]

Note: N = 14,633. OR: Odds Ratio; CI: Confidence Interval.

Table E1c. **Step 3:** fixed factors of intervention status, time point, practice size, group, region, and with clusters (clinics) as random.

Characteristics	OR 95% CI
Intervention Status	
Pre-intervention (ref.)	
Post-intervention	1.88 [1.42 - 2.50]
Time point	
T0 (ref.)	
T1	0.59 [0.51 - 0.67]
T2	1.32 [0.97 - 1.81]
T3	2.31 [1.64 - 3.27]
Practice Size	
< 4 FTE GPs (ref.)	
≥4 FTE GPs	0.12 [0.09 – 0.16]
Group	
Early (ref.)	
Late	4.84 [2.95 - 7.93]
Region	
Region 1 (ref.)	
Region 2	0.09 [0.04 - 0.19]
Region 3	0.20 [0.15 - 0.25]

Note: N = 14,633. OR: Odds Ratio; CI: Confidence Interval; FTE: Full Time Equivalent.

#### Validity of modelling practices as random

Table E2a. Health Assessments. Cluster Randomisation Calculations of Practices.

	Co-efficient	95% CI	Standard Error
Constant	0.09	[0.06 - 0.12]	0.01

Note: N = 14,633. CI: Confidence Interval.

Table E2b. Health Assessments: Random-effects Parameters.

	Estimate	95% CI	Standard Error
Standard Deviation of	1.78	[1.65 - 1.92]	0.07
Constant	1.70	[1.03 - 1.92]	0.07

Note: N = 14,633. CI: Confidence Interval.

#### Sensitivity analyses

Table E3a: Comparison of practice size variables.

Practice	# GPs	FTE	Randomisation Practice Size	Practice Description Survey	Match
				Practice Size	
1	7	4.9	Large	Large	True
2	4	2.9	Small	Small	True
3	9	6.8	Small	Large	False
4	8	1.6	Small	Small	True
5	1	1	Small	Small	True
6	10	4.6	Small	Large	False
7	2	1.6	Small	Small	True
8	5	1.7	Small	Small	True
9	8	2	Small	Small	True
10	4	2.2	Large	Small	False
11	7	3.1	Small	Small	True
12	4	1.6	Large	Small	False
13	1	1.1	Small	Small	True
14	4	8.0	Small	Small	True
15	2	1.2	Small	Small	True
16	4	3	Small	Small	True
17	3	2.5	Small	Small	True
18ª	9		Large	Small	False
19	1	1	Small	Small	True
20	2	2	Small	Small	True
21	1	0.6	Small	Small	True
22	3	2.4	Small	Small	True
23	5	3	Small	Small	True
24	3	2.4	Small	Small	True
25	3	2	Small	Small	True
26	12	9	Large	Large	True
27	2	1	Small	Small	True
28	2	1.2	Small	Small	True
29	1	1.2	Small	Small	True
30	1	1.2	Small	Small	True
31	10	7.5	Large	Large	True

Note: GP: General Practitioner; FTE: Full Time Equivalent. <sup>a</sup>This practice had no FTE survey data to estimate a Practice Description Survey Practice Size, so was contacted directly to ask for an estimate of practice size. We are 95% sure it should be listed as a large practice.

Table E3b: Number of large vs small practices in each region and each wave.

Region Group	Randomisation	Randomisation Practice Size		PDS Practice Size		
	Large	Small	Large	Small		
Dogion 1	Early	1	5	3	3	
Region 1 Late	1	4	0	5		
Region 2 Early Late	Early	1	4	0	5	
	Late	1	3	0	4	
E	Early	1	5	1	5	
Region 3	Late	1	4	1	4	

Note: PDS: Practice Description Survey.

Table E4. Main model run with Randomisation Practice Size.

Characteristics	Estimated Proportions [95% CI]	Odds Ratio [95% CI]
Intervention status		
Pre-Intervention (ref.)	19.1% [18.6% - 19.5%]	
Post-Intervention	27.3% [26.7% - 27.8%]	1.86 [1.38 - 2.50]
Time point		
TO (ref.)	22.8% [22.1% - 23.5%]	
T1	14.0% [13.4% - 14.5%]	0.59 [0.50 - 0.69]
T2	25.6% [24.8% - 26.4%]	1.34 [0.99 - 1.84]
T3	33.7% [32.7% - 34.7% ]	2.35 [1.68 – 3.29]
Practice Size		
< 5 GPs (ref.)	4.3% [4.2% - 4.5% ]	
> 5 GPs	29.6% [29.1% - 30.0% ]	0.24 [0.17 - 0.34]
Group		
Early (ref.)	18.5% [17.8% - 19.2% ]	
Late	24.7% [24.2% - 25.1% ]	5.48 [3.30 – 9.10]
Region		
Region 1 (ref.)	37.9% [37.0% - 38.8% ]	
Region 2	7.5% [7.0% - 8.0% ]	0.10 [0.04 - 0.26]
Region 3	20.7% [20.3% - 21.1% ]	0.22 [0.17 - 0.30]

Note: GP: General Practitioner; OR: Odds Ratio; CI: Confidence Interval.

## F. Primary outcome: supplementary results

#### Difference in estimated proportions

Table F1: Difference in Estimated Proportions for Model 1. Calculated from outputs in Box 6.

Characteristics	Mean difference,		
	percentage points [95% CI]		
Intervention Status			
Post-Intervention – Pre-Intervention	8.2 [7.5–9.0]		
Time point			
Time 1 – Time 0	-8.8 [-9.7 to 8.0]		
Time 2 – Time 0	2.8 [1.7 –3.8]		
Time 3 – Time 0	10.9 [9.7–12.1]		
Practice Size			
<4 FTE GPs -≥ 4 FTE GPs	26.2 [25.7–26.7]		
Group			
Late Group – Early Group	6.2 [5.4–7.1]		
Region			
Region 1 – Region 2	30.3 [29.2–31.3]		
Region 1 – Region 3	17.0 [16.0–18.0]		
Region 2 – Region 3	-13.2 [-13.9 to 12.6]		

Note: CI: Confidence Interval; FTE: Full Time Equivalent; GP: General Practitioner.

Table F2. Difference in Estimated Proportions for Model 2.1. Calculated from outputs in Box 7.

Characteristics	Mean difference, percentage points [95% CI]
Intervention Status	
Post-Intervention – Pre-Intervention	8.1 [7.4 - 8.9]
Time point	
Time 1 – Time 0	-8.9 [-9.68.0]
Time 2 – Time 0	2.7 [1.7 - 3.8]
Time 3 – Time 0	10.9 [9.7 - 12.1]
Practice Size	
<4 FTE GPs − ≥ 4 FTE GPs	26.1 [25.6 - 26.6]
Group	
Late Group - Early Group	6.2 [5.4 - 7.1]
Past Refugee Health Training	
Had past training – Did not have past training	4.7 [5.7 - 3.7]

Note: CI: Confidence Interval; FTE: Full Time Equivalent; GP: General Practitioner.

#### Model outcomes by region

Table F3a. Model-adjusted proportions of Health Assessments for **Region 1**. Derived from model in Box 6.

Characteristics	Health assessments (proportion) [95% CI]
Intervention Status	
Pre-intervention	39.7% [38.5% - 41.9%]
Post-intervention	36.2% [34. % 8 - 37.5%]
Time point	
TO	41.6% [40.2% - 43.0%]
T1	28.1% [26.6% - 29.6% ]
T2	37.0 % [35.0% - 39.0% ]
T3	49.1% [46.0% - 52.3% ]
Practice Size	
< 4 FTE GPs	9.5% [8.8% - 10.3% ]
≥4 FTE GPs	42.8% [41.8% - 43.8% ]
Group	
Early	28.0% [26.8% - 29.1% ]
Late	45.5% [44.3% - 46.8% ]

Note: N = 3940. CI: Confidence Interval; FTE: Full Time Equivalent; GP: General Practitioner.

Table F3b. Model-adjusted proportions of Health Assessments for **Region 2**. Derived from model in Table 3.

Characteristics	Health assessments (proportion) [95% CI]
Intervention Status	
Pre-intervention	3.6% [3.3% - 3.8%]
Post-intervention	13.6% [12.5% - 14.7% ]
Time point	
TO	4.1% [3.7% - 4.5% ]
T1	2.9% [2.6% - 3.2%]
T2	10.1% [9.0% - 11.2%]
T3	19.7% [17.6% - 21.8%]
Practice Size	
< 4 FTE GPs	0.9% [0.7% - 1.1%]
≥4 FTE GPs	7.5% [7.0% - 8.0%]
Group	
Early	3.3% [2.6% - 4.1%]
Late	7.7% [7.2% - 8.2%]

Note: n = 2279. CI: Confidence Interval; FTE: Full Time Equivalent; GP: General Practitioner.

Table F3c. Model-adjusted proportions of Health Assessments for **Region 3**. Derived from model in Box 6.

Characteristics	Health assessments (proportion) [95% CI]		
Intervention Status			
Pre-intervention	14.6% [14.3% - 14.9%]		
Post-intervention	25.9% [25.2% - 26.5%]		
Time point			
TO	16.6% [16.2% - 17.1%]		
T1	10.6% [10.3% - 11.0%]		
T2	24.1% [23.2% - 24.9%]		
T3	32.4% [31.3% - 33.4%]		
Practice Size			
< 4 FTE GPs	4.2% [4.1% - 4.3%]		
≥4 FTE GPs	25.3% [24.9% - 25.8%]		
Group			
Early	8.4% [8.1% - 8.6%]		
Late	23.4% [22.9% - 23.8%]		

Note: N = 8414. CI: Confidence Interval; FTE: Full Time Equivalent; GP: General Practitioner.

### G. Secondary outcomes

#### Secondary outcome – Recording of refugee status

Table G1a. Demographic characteristics of patients in the secondary outcome – recording of refugee status sample.

	T0	T1	T2	Т3
Sex				
Male	1,948	1,662	1,509	1,324
Female	2,209	1,785	1,705	1,435
Age Category				
0-14 years	1,118	875	811	750
15-24 years	618	499	530	447
25-34 years	771	645	626	519
35-44 years	635	529	482	397
45-54 years	481	395	352	310
55-64 years	305	276	251	196
65+ years	232	229	174	153
Group				
Early intervention group	1,053	1,105	964	0
Late intervention group	3,107	2,343	2,262	2,772
Intervention Status				
Not yet received	4,160	2,343	0	0
Received intervention	0	1,105	3,226	2,772
Region				
Region 1	1,325	899	863	434
Region 2	715	570	417	308
Region 3	2,120	1,979	1,946	2,030
Country of Birth				
Iraq	587	511	302	409
Syria	258	195	194	118
Afghanistan	147	135	98	87
Other	91	117	148	52
Missing	3,077	2,490	2,484	2,106
Ethnic background				
Iraqi	1,776	1,447	1,375	1,520
Syrian	669	664	491	316
Afghani	310	255	255	141
Other	785	669	727	524
Missing	620	413	378	271

Note. N = 13,606.

Table G1b. Number of patients with refugee status recording in file by time point.

Group	Location of record of refugee status	T0	T1	T2	Т3	Total
Early	Free text only	70	78	64		212
Early	≥ 1 defined fields	987	1,025	901		2,913
Late	Free text only	235	101	105	135	576
Late	≥ 1 defined fields	2,868	2,244	2,156	2,637	9,905
Total		4,160	3,448	3,226	2,772	13,606

Note. N = 13,606. Grey shading shows the post-intervention periods.

Table G1c. Percentage refugee status recordings in patient file by intervention status.

	Pre- intervention	Post- intervention	Total
Refugee status recorded solely in free text	406 (6.2%)	382 (5.4%)	788 (5.8%)
Refugee status recorded in ≥ 1 defined fields (i.e. country of birth, ethnic background, year of arrival or need for interpreter)	6,099 (93.8%)	6,719 (94.6%)	12,818 (94.2%)
Total	6,505	7,101	13,606

Note. Mixed-effect modelling (accounting for clustering) showed no significant difference between the intervention and control periods.

Table G1d. Odds ratio of Recording of refugee status (at least defined field/free text only.

Characteristics	OR [95% CI]		
Intervention Status			
Pre-Intervention (ref.)			
Post-Intervention	0.91[0.60 - 1.38]		
Time point			
T0 (ref.)			
T1	1.57 [1.20 – 2.07]		
T2	2.00 [1.24 – 3.24]		
T3	2.21 [1.30 – 3.76]		
Practice Size			
< 4 FTE GPs (ref.)			
≥4 FTE GPs	0.16 [0.02 – 1.35]		
Group			
Early (ref.)			
Late	0.62 [0.12 – 3.44]		
Region			
Region 1 (ref.)			
Region 2	2.81 [0.33 – 23.81]		
Region 3	1.93 [0.30 – 12.52]		

Note. FTE: Full Time Equivalent; GP: General Practitioner; OR: Odds Ratio; CI: Confidence Interval. Sample consists of all new (to-the-clinic) refugee patients (N=13,606) attending study general practices. Model outputs are calculated from 50 bootstrapped mixed models using intervention status, time point, practice size, group and region as fixed factors. GP clinics defined as random effect to account for clustering within clinics.

#### Secondary outcome - Use of credentialed interpreters

Table G2a. Percentage of credentialed interpreter services provided for refugee patient visits by intervention status.

	Pre-intervention	Post-intervention	Total
Refugee patient visits	74,204	100,004	174208
TIS National services used	188	478	666
TIS National services used (%)	0.25%	0.48%	0.38%

Table G2b. The number and percentage of credentialed interpreter services by refugee patient appointments, practice and time point.

	Number (%)					
Practice	ТО	T1	T2	Т3	Total	
1	33 (4.2%)	66 (3.1%)	22 (1.1%)		121	
2	0	12 (0.3%)	17 (0.7%)		29	
3	0	0	0		0	
4	61 (6.9%)	82 (6.4%)	90 (5.8%)		233	
5	4 (19.0%)	1 (3%)	0		5	
6	0	1 (0.1%)	3 (0.3%)		4	
12	0	0	0		0	
13	0	0	0		0	
14	0	0	0		0	
15	0	3 (2%)	2 (2%)		5	
16	0	0	0		0	
21	0	0	0		0	
22	2 (0.2%)	8 (0.9%)	6 (0.5%)		16	
23	0	0	0		0	
24	0	0	0		0	
25	0	0	0		0	
26	1 (0.3%)	1 (0.1%)	1 (0.3%)		3	
7	0	0	0	1 (0.1%)	1	
8	1 (<0.1%)	0	13 (0.5%)	5 (0.2%)	19	
9	8 (1%)	15 (2.8%)	21 (1.7%)	11 (0.7%)	55	
10	0	0	0	0	0	
11	20 (5.9%)	9 (3.5%)	32 (8.5%)	29 (9.7%)	90	
17	7 (0.3%)	0	1 (0.1%)	0	8	
18	6 (0.1%)	20 (0.5%)	9 (0.2%)	17 (0.4%)	52	
19	0	0	3 (10%)	1 (5%)	4	
20	0	0	0	0	0	
27	0	1 (2%)	0	0	1	
28	0	0	0	0	0	
29	0	0	20 (0.2%)	0	20	
30	0	0	0	0	0	
31	0	0	0	0	0	
Total	143	219	240	64	666	

Note: Grey shading shows the post-intervention periods.

#### Secondary outcome - Ease of referral to services

Table G2c Clinician perceived difficulty of referral to services for refugee health care.

	Clinicians completing pre and post surveys	Pre- intervention Median (Q1, Q3)	Post- intervention Median (Q1, Q3)	Z*	P
Social and Settlement Services	39	3.0 (2.0, 3.75)	3.0 (3.0,4.0)	-2.449	0.014
Mental health problems including PTSD	44	3.0 (2.0,3.75)	3.0 (2.0,4.0)	-1.823	0.07
Oral and dental health issues	46	3.0 (2.0,3.0)	3.0 (2.0,4.0)	-2.072	0.038

<sup>\*</sup> Wilcoxon matched-pair signed-rank test

Interquartile range of responses to question: "In the past 12 months how often did you have difficulty finding other services or providers to refer your patients with refugee background for..."

4 point Likert scale (Options: 1=Always or almost always, 2=Often, 3=Sometimes, 4=Rarely or never)