

# **Eastern Health**

## **disABILITY Action Plan**

**2019 - 2022**

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## 1. Message from the Chief Executive

Over the next three years Eastern Health will work hard to find ways to provide an inclusive, safe and accessible health service for everyone – our service users and their carers, our employees and volunteers, and visitors to all of our sites.

Eastern Health is committed to supporting the diversity of our staff, volunteers, patients and their families, and our communities. This disABILITY Action Plan aims to identify and adopt inclusive practices so that our organisation is responsive to the health and wellbeing needs of people with a disability, and the needs of their carers.

Eastern Health is committed to identifying, addressing and eliminating barriers that people with a disability may experience in our workplaces and our health services. These barriers may be physical, technical or attitudinal and can deny people access to services and community participation and may make life difficult for people living with a disability.

Eastern Health aims to ensure our organisation is accessible, has a welcoming attitude, and has staff who are informed about disability and have the right skillsets to support colleagues, patients with a disability and their carers by:

- Reducing barriers for persons with a disability accessing Eastern Health goods, services and facilities; and
- Reducing barriers for persons with a disability in obtaining and maintaining employment at Eastern Health; and
- Promoting inclusion and participation in the community for people with a disability; and
- Achieving tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability.

Eastern Health will strive to be recognised as a leader in the provision of inclusive services for people with a disability and to be the healthcare service of choice for our local communities.

I would like to acknowledge the contribution of the Disability Taskforce, our consumers and their carers, the community and staff who have developed the Eastern Health disABILITY Action Plan 2019 – 2022.

I encourage all Eastern Health staff to bring this plan to life and provide the best possible care to all our consumers, and to ensure that there are no barriers for people with a disability, and their carers.

David Plunkett  
Chief Executive

## 2. Our Commitment

Eastern Health is committed to ensuring that the needs of all individuals within our diverse community are met in an appropriate and respectful manner. In partnership with consumers and carers, we aim to provide an environment that recognises and responds to individual staff, volunteers, consumer and carer needs and preferences and which provides the necessary supports to meet their needs and expectations.

The Eastern Health disABILITY Action Plan 2019 – 2022 was developed through:

- Consultation – staff workshop and consultation, community consultation forum, *Have your say* feedback form.
- Data analysis – of consultations, identified issues, feedback from multiple sources including Leadership Walkrounds, Victorian Incident Management System (VHIMS – Feedback), Victorian Healthcare Experience Survey (VHES), People Matter Survey (staff).
- Legislative and corporate alignment.
- Best practice research.

### disABILITY Action Plan 2019 – 2022: Outcomes

- ✓ Barriers for persons with a disability accessing Eastern Health goods, services and facilities are reduced or eliminated, and
- ✓ Barriers for persons with a disability in obtaining and maintaining employment at Eastern Health are reduced or eliminated, and
- ✓ Eastern Health promotes inclusion and participation in the community for people with a disability, and
- ✓ Tangible changes will be achieved in attitudes and practices at Eastern Health which discriminate against persons with a disability.

### We will implement, monitor and evaluate the disABILITY Action Plan 2019 – 2022:

- The disABILITY Action Plan will be made available to our staff and the community.
- Actions identified in the disABILITY Action Plan are documented in Appendix A.
- Progress of local actions will be monitored via the service/department Improvement and Innovation Plans and reports provided to their Executive Director.
- The Disability Action Plan Self-Assessment Tool will be used by local areas, assisted by the Disability Taskforce, to assess their disability inclusiveness. This tool will identify areas currently meeting disability inclusiveness and any areas for improvement.
- Executive Director Quality, Planning and Innovation is responsible for monitoring and reporting the actions.
- The Disability Taskforce is responsible for overseeing the implementation, monitoring and evaluation of the disABILITY Action Plan in consultation with Eastern Health's Community Advisory Committee.

- Eastern Health will report the plan’s progress via the annual Quality Account.

**What will make our Eastern Health disABILITY Action Plan successful?**

- It has been developed in close partnership with people with a disability and their carers. We recognise that this is only the beginning of Eastern Health embedding systems and processes that ensure we can respectfully and appropriately meet the needs of all individuals served. We also recognise that some areas can demonstrate their disability inclusiveness and this information will be collated through the organisation-wide self-assessment process.
- It has been developed in partnership with organisations providing services for people with a disability.
- It will be a core part of planning for all services, departments and units in their service provision, projects and policies.
- A dedicated Disability Taskforce to drive the planning.
- Has solid support from the Board, Executive and senior management.
- The disABILITY Action Plan will be regularly reviewed and monitored to make sure it is appropriate, current and its goals are being achieved.

**3. Introduction**

Disability affects a significant portion of the Australian population with 19% of people having some form of disability and 11% of people providing informal care for a person with a disability. The complex care needs of many people with a disability are not always known to healthcare workers as well as employers, and it is therefore important that Eastern Health takes steps to better understand disability. This includes the needs of every individual with a disability as well as the needs of their carers so that we can ensure our facilities are accessible, our services are appropriate and our workplaces are suitable for staff and volunteers. The following information helps us to understand disability in our local community.

**3.1 The importance of inclusion in Australia**

 <p><b>1 in 5</b> Australians report having some kind of disability</p>	<p>On average, people with a disability earn only half the average Australian income (45% live in poverty)</p> 	 <p>Most common disabilities: 33% musculo-skeletal 10% circulatory system 7% diseases of the ear</p>
 <p>Disability rates in Indigenous</p>	<p>The most common activities that people with a disability need help with are: <b>Transport</b> <b>Mobility</b></p>	<p><b>14%</b> of Australians have a physical disability</p> 



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may exist in the future (e.g. a healthy person may carry a gene that could develop into a disease), or is imputed to a person (e.g. people might assume a gay man is HIV positive).

Disability comes in many forms. The table below identifies a range of disability types and the impacts and barriers that people living with these disabilities face, however it should be noted that the list is not intended to be comprehensive.

This Disability Action Plan is relevant for all people who have a disability, regardless of whether the disability has been diagnosed or labelled as such by a health professional.

DISABILITY TYPE	IMPACTS ON	BARRIERS
<b>Physical impairment</b>		
<ul style="list-style-type: none"> <li>- Spinal cord injuries</li> <li>- Cerebral palsy</li> <li>- Musculo-skeletal disorders e.g. arthritis, rheumatism</li> <li>- Communication disorders e.g. stuttering, swallowing</li> </ul>	<ul style="list-style-type: none"> <li>- Mobility and ability to move about, to get up and sit down, to carry things, use doorknobs, controls and levers, negotiate physical environment</li> </ul>	<ul style="list-style-type: none"> <li>- Non-accessible physical environment e.g. steps, roads, footpaths, public transport</li> </ul>
<b>Sensory impairment (of one or more of the five senses)</b>		
<ul style="list-style-type: none"> <li>- Hearing e.g. Deafness or hearing impaired</li> <li>- Vision (90% of blind people have some useable vision)</li> </ul>	<ul style="list-style-type: none"> <li>- Communication, including ability to comprehend</li> <li>- Ability to participate in community or public events</li> <li>- Ability to participate in decision making about their lives e.g. healthcare options</li> </ul>	<ul style="list-style-type: none"> <li>- Information provided in standard print and limited formats</li> <li>- Limited media options/ telecommunications</li> <li>- Standard healthcare consultations format</li> </ul>
<b>Intellectual and cognitive impairment</b>		
<ul style="list-style-type: none"> <li>- Acquired brain injury e.g. drug/alcohol abuse, stroke, accident</li> <li>- Neurological condition e.g. epilepsy, dementia, diseases (Huntington's, Parkinson's)</li> <li>- Developmental disability e.g. Asperger's syndrome</li> </ul>	<ul style="list-style-type: none"> <li>- Comprehension and learning</li> <li>- Communicating, controlling, coordinating thoughts/actions</li> <li>- Speech and language abilities</li> <li>- Social interaction/behaviour</li> </ul>	<ul style="list-style-type: none"> <li>- Standardised information</li> <li>- Complex instructions or communications</li> </ul>
<b>Psychiatric impairment</b>		
<ul style="list-style-type: none"> <li>- Schizophrenia</li> <li>- Bipolar disorder</li> <li>- Obsessive-compulsive disorder</li> <li>- Clinical depression</li> </ul>	<ul style="list-style-type: none"> <li>- Mood, behaviours, auditory and visual experiences</li> <li>- Ability to participate in decision making about their lives e.g. healthcare options</li> </ul>	<ul style="list-style-type: none"> <li>- Hostile attitudes and stereotypical thinking</li> <li>- Stigma</li> </ul>

Table 2: Disability impacts and barriers

### 3.3. Health issues for people with a disability

The *VicHealth Indicators Survey* of 2015 highlights that in Australia, people with a disability experience significantly poorer health than people without a disability including:

- Poorer self-rated health.
- Higher rates of long-term health conditions.
- Higher prevalence of risk factors for health conditions.
- Greater rates of being overweight or obese.

There are a variety of reasons for these poor health outcomes for people with a disability, some of which may be directly related to a person's disability. As well, people with a disability commonly experience greater social and economic disadvantage, known indicators for poorer health outcomes, than people without a disability. The VicHealth survey also found that one in seven people with a disability experienced discrimination or unfair treatment in the previous 12 months, and this group also experiences greater levels of all forms of violence than people without a disability.

The Australian Institute of Health and Welfare's 2017 report, *Access to health services by Australians with disability*, shows that people with a disability under 65 years of age use a range of mainstream health services—such as GPs, medical specialists and dentists. The difficulties experienced by this group of people with a disability in accessing health services includes:

- Unacceptable or lengthy waiting times.
- 1 in 5 delayed or did not see a GP because of the cost.
- 2 in 6 had difficulty accessing medical facilities.
- 1 in 6 experienced discrimination by health staff.
- 1 in 8 needed help with health care but had no source of assistance.

The La Trobe University 2018 research report, which included findings from the experiences of Eastern Health patients, *Enabling mainstream systems to be more inclusive and responsive to people with disabilities: Hospital encounters of adults with cognitive disabilities*, highlights the following health disparities for people with cognitive disabilities compared to the general population:

- Poorer physical and mental health.
- High rates of comorbidity, multiple and complex health needs.
- High rates of obesity and low rates of exercise.
- Shorter life expectancy.
- Higher age specific mortality rates.
- 38% death potentially avoidable vs 17%.

Many of the differences in health outcomes for people with cognitive disabilities compared to the general population stem from social, economic and system factors such as:

- The quality and responsiveness of the health care system.
- An absence of social relationships to advocate in health care.
- Unhealthy lifestyle, and low use of preventative health care.

The report also noted that a systematic review of international research, mainly focused on intellectual disability, highlights that this population group:

- Are frequent and costly users of hospital services.
- Find health systems unresponsive to their needs.
- Are at risk of mismanagement of health issues and poor quality care in hospitals.
- Experience problems associated with failure of hospital staff and procedures to make adjustments to accommodate their needs.
- Find that healthcare services have difficulties identifying people with cognitive disabilities and their care needs, providing day to day care, adhering to clinical guidelines and finding ways to support patient compliance with treatment regimes, with:
  - A high reliance on family or paid disability staff to ensure basic needs are met.
  - Negative attitudes of staff.
  - Lack of knowledge of intellectual disability.
  - Compounded cultural differences.

### 3.4 Eastern Health’s catchment area

The Eastern Health catchment extends across an area of 2800 km<sup>2</sup>, covering the largest geographical space of any of the Melbourne metropolitan health services. The location of each major Eastern Health facility within the primary and secondary catchments can be seen in the map below.



Figure 1: Eastern Health catchments and locations of major Eastern Health sites

Eastern Health’s primary catchment extends from the densely populated inner-eastern suburbs of metropolitan Melbourne, to the sparsely populated and rural outer-east. The primary catchment includes the six local government areas (LGAs) of Boroondara, Knox, Manningham, Maroondah, Whitehorse and Yarra Ranges (N.B. Boroondara and Knox LGAs are only partially included in the catchment).

### 3.5 Eastern Metropolitan Region health profile

The Eastern Metropolitan Region (EMR) has one of the most diverse populations across Victoria, with 35% of people born overseas. In addition, the community profile across the region is quite varied between and within Local Government Areas (LGAs). For example:

- 4.9% of people in the EMR have a severe or profound disability with the lowest rate of 4% in Boroondara and the highest rate of 5.3% in Manningham.
- Disadvantage, as measured by the Australian Bureau of Statistics SEIFA Index of Disadvantage, shows the Eastern Region as having lower disadvantage than Greater Melbourne, Victoria and Australia. However, comparing across our local LGAs, Boroondara has the lowest level of disadvantage and the Yarra Ranges has the highest level of disadvantage.
- People living in the Eastern Metropolitan Region have lower rates of all doctor-diagnosed chronic disease than all of Melbourne as well as Victoria. Despite this, 16% of adult females and 13.4% of adult males living in the Eastern Metropolitan Region have been diagnosed with two or more chronic diseases.

## 4. Development of the disABILITY Action Plan

This disABILITY Action Plan has been developed with the support of Eastern Health’s Disability Taskforce. Throughout the development of this document Eastern Health’s senior leaders and key staff members have consulted widely with internal and external stakeholders, including consumers, to deliver a comprehensive disABILITY Action Plan for Eastern Health.



Figure 2: Eastern Health target disability audience/stakeholders

### 4.1 Consultation

Several methods of consultation were utilised including a staff workshop, a community consultation forum and distribution of feedback forms to a wide range of stakeholders.

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Promotion of the community forum included phone and email contact with more than 200 organisations (see Appendix C), most located in the Eastern Metropolitan Region of Melbourne. Social media was also used to promote the forum and the feedback opportunities for people to participate using the *'Have your say'* feedback form (Appendix D).

Attendees of the Disability Consultation Forum held on 11 April 2019 were asked to provide feedback regarding the forum administration, format and content (Appendix E). Of the 31 participants at the forum, 13 returned evaluation forms, with the following outcomes:

- Overall, the forum attendees rated the event as being successful and meeting expectations of attendees.
- The consultation forum held indicated a need for further consultation which is tailored to hear from a diverse range of people with a disability. The learnings from this consultation will be applied to future forums and will inform this plan.

## 4.2 Data analysis

Thematic data analysis was conducted on a range of data with the aim to identify key themes and incorporate the recommendations into the goals and actions of Eastern Health's disABILITY Action Plan Schedule (Appendix 1). The following data sources were analysed:

- *Have your say* feedback form
- Staff workshop outcomes
- Disability Community Consultation Forum
- Consumer & Carer Forum
- Victorian Healthcare Experience Survey (Eastern Health data)
- Victorian Health Incident Management System (Eastern Health data).

### 4.2.1 *Have your say* feedback form

More than 200 organisations were contacted to invite them to the Community Consultation Forum, and to offer them the opportunity to provide feedback using the *Have your say* feedback forms. In addition, the form was distributed widely throughout Eastern Health, including promotion at the Box Hill Hospital Outpatients Clinic.

The feedback was reviewed with the following items/issues identified as priority areas for Eastern Health to focus on:

#### **Reduce barriers for persons with a disability accessing Eastern Health goods, services and facilities**

- Some services, due to their very nature, produce anxiety before the person actually attends the site e.g. patients with Asperger's can easily become hospital-phobic.
- Welcoming environment - apply a 'dignity' approach to all access points of the service and facilities so patients can access with autonomy and dignity e.g. a smiling face 'concierge' at the front door to help direct people, information staff walking/rolling around .
- Identify with the client e.g. 'my brother has Asperger's'.

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- Patient information provided prior to attendance to identify special needs in advance and reduce need to educate medical professionals repeatedly.
- Tailor services to individual's needs e.g. at ED, admit patient with behavioural issues and do all the necessary testing whilst sedated.
- Establish a disability/autism clinic to assist with continuity of care and understanding of people with different needs (reduced wait times, quiet waiting room and/or chill out space).
- Inclusive communication e.g. compatible screen-reading documents/information.
- Access to transport.
- Clear information about building access provided prior to attendance.
- More ramps.
- More accessible and affordable parking.

### **Reduce barriers for persons with a disability in obtaining and maintaining employment at Eastern Health**

- Pathways – work experience, volunteering, VET, traineeships, apprenticeships, buddy system.
- Apply a 'dignity' approach to employees to allow flexibility and adaptability of policies and procedures. Not the indignity of being a special case!
- If people see people with disabilities working, others know it's an option for them. For people with non-visible disabilities, make info available through health providers.
- Adapt to the person, assessing individual needs and tailoring positions to the individual.
- See past the disability – need to be open to adapt to specific needs.

### **Promote inclusion and participation in the community for people with a disability**

- Work in collaboration with local community groups, disability organisations.
- Establish a network, social media etc.
- Promote success stories via local shops, schools, shopping centres, newspapers, work experience.

### **Achieve tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability**

- Provide awareness training to staff so they understand the lived experience of patients with a disability.
- Train staff to identify and manage patients with special needs.
- Staff training to be provided by people with a disability and disability support groups.

## **4.2.2 Staff workshop outcomes**

A Disability Workshop was conducted with 30 staff on 28 February 2019. The aim of the workshop was to identify key internal and external stakeholders in relation to the development and implementation of a disABILITY Action Plan at Eastern Health. The outcomes included:

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- Acknowledgement that every staff member and every department should have a voice and a role in the development and implementation of the disABILITY Action Plan.
- Identification of specific Eastern Health services with a disability focus.
- People with a disability to be partners in the development and implementation of the disABILITY Action Plan.
- Establish a Disability Taskforce to manage the disABILITY Action Plan.
- Acknowledgement of the importance of consulting and partnering with a wide range of external stakeholders.
- Importance of engaging with staff e.g. disability champions.

### 4.2.3 Disability Community Consultation Forum outcomes

On 11 April 2019 a Disability Consultation Forum was held to hear the voice of our community in the eastern region. Over 200 organisations were invited to attend to help shape our disABILITY Action Plan. The organisations were contacted via phone and email to promote the forum, with many of these organisations distributing the forum flyer via their own networks and e-newsletters.

At the forum 31 consumers, carers, advocates and employees of organisations that provide services to people with a disability attended, with eight Eastern Health staff also present. The aim of the forum was to focus on barriers to access, inclusion and participation, and to help influence and change attitudes and practices. The key outcomes are listed below – see Appendix G for full details.

1. Reduce barriers for persons with a disability accessing Eastern Health goods, services and facilities:
  - Provide a welcoming, comforting, culturally sensitive environment.
  - A meet and greet concierge service – to assist, guide and support.
  - Inclusive facilities – ramps, wider lifts, less congested entrances, ergonomic chairs, audio in lifts announcing floors, quiet/chill out room .
  - Increase disabled parking.
  - Easy to read signage, maps and sensory pathways.
  - Adopt a patient passport – provides information to identify, understand and manage needs. It also avoids the need to repeat information.
  - Identify communication needs – staff trained to identify and use aids.
  - Accessible (range of formats for all impairments), current and informative website.
  - 24/7 NDIS expert available to provide support.
  - Improved sharing of information across services – connect networks.
2. Reduce barriers for persons with a disability in obtaining and maintaining employment at Eastern Health:
  - Seeing the person for who they are and not the disability (not a quota).
  - Accessible, flexible and customised employment.
  - Utilise knowledge and needs of staff with a lived experience of a disability.
  - Support person or unit to provide assistance and understanding of support needed.
  - Welcoming attitude from employer.

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- Career pathways and a 'come and try a day at Eastern Health' to promote employment opportunities.
3. Promote inclusion and participation in the community for people with a disability:
    - Regular community consultations to remain informed about the needs of the community.
    - Consult with the community (with lived experience of a disability) about building improvements/works to ensure needs are identified.
    - Listen to needs of patients and carers with respect and empathy.
    - Promote services available.
    - Flexible and responsive feedback/complaints processes.
  4. Achieve tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability:
    - Site support experts – lived experience officers.
    - Respect the knowledge of lived experience.
    - Caring and respectful culture – employ staff with this attitude.
    - Training of staff – provide disability awareness education at orientation.
    - Utilise research to underpin practices.
    - Knowledge of services available – referrals internal and external.
    - Care pathways for continuity of care - support, flexibility regarding appointments and communication.

### 4.2.4 Consumer & Carer Forum outcomes

Eastern Health held a Consumer & Carer Forum on 13 May 2019 where the disABILITY Action Plan draft was presented and discussions held to identify the group's key priorities regarding disability. The following provides an overview of the key themes:

#### Physical

- Better process for drop off zone.
- How do we make car parking an easier experience?
- More signage/clearer directions for all disability levels i.e. colours, jargon, pictures.
- Space for those in wheelchairs/mobility scooters.
- Food service access/preparation (patients and visitors e.g. Zouki):
  - Lids/seals on containers difficult to remove.
  - Provide meals/drinks in oversized containers to assist people with tremors.
  - Consider serving temperature.
  - Meat serving – e.g. meat to be cut up by food staff prior to arriving on ward.

#### Infrastructure

- Outpatient appointments model needs to be revamped with flexibility; online appointment booking system; text options if appointments running late.

#### Patient needs

- Patients who acquire disability whilst a patient – identify their needs.
- Proactively support patients to find out their needs e.g. communication preferences.

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- Create live 'listening post' in Box Hill Hospital to hear real time experiences on the day of issue.
- Chronic illness to be included in action plan.

### Staff

- Roll out Safe Wards to all departments especially ED.
- Promote inclusive workplace to existing staff, social media, job advertisements.
- Recruitment to focus on the CAN DO not the barrier.
- Flexibility in employee contracts.
- Workplace disability % to reflect disability in community.
- Mystery shoppers expanded to include patient experience (in and out-patient).
- Training delivered by people with disabilities *Travel my mile* (walk a mile in my shoes).

### Volunteers

- Volunteers provided with training re disability, dementia, mental health etc
- More consumers with disabilities on committees
- Volunteers with lived experience e.g. in waiting rooms and ED
- Volunteers in waiting rooms to be kept in loop with what is happening re clinic delays etc.

## 4.2.5 Victorian Health Incident Management System (VHIMS) Data

Although identifying feedback specifically from people with a disability is difficult, thematic analysis of all feedback to Eastern Health for 2018 was undertaken. Using 37 key search words, 126 feedback/complaints were identified with the following key themes:

- Lack of respect for individual needs e.g. food left out of reach of patient who could not move, written instructions provided to patient who could not read, lack of care and assistance for patients with physical limitations.
- Disabled car parks limited and not affordable.
- Poor external and internal signage at sites.
- Lengthy wait times e.g. anxiety provoking, incontinence.
- Poor communication between patients, carers and healthcare staff.

A review of incidents for the 2018 calendar year was undertaken using a number of search terms e.g. disability, disabled, unable, dementia. The analysis identified the following themes:

- The patient is the primary carer for a disabled person – much anxiety about the welfare of that person.
- The disabled patient with 24 hour carer provided for an admission (generally supplied by the patient's facility or care package) – what is the carer's orientation to the hospital environment (duress alarms, meal delivery times), do we cover their breaks, can they administer medications etc. Do we provide sleeping facilities in the room for the carer?

- Need for constant observer due to demonstration of behaviours of concern (generally advanced dementia or intellectual disability).
- Resistant to care resulting in pressure injuries/falls and other hospital-acquired complications.
- Special diet requirements not always readily available.
- Behaviour plans essential.
- Medication management – example: routine daily medications for conditions such as epilepsy, depression, Parkinson’s, rheumatoid arthritis and opioids are either not prescribed, dispensed or administered resulting in poor symptom control.
- Equipment needs to be available and working e.g. portable oxygen readily available to enable disabled person to go to toilet, commodes and wheel chairs in working order, pressure relieving chairs such as floatation chairs for people who cannot walk.

#### 4.2.6 Victorian Healthcare Experience Survey (VHES) Data

A review of Eastern Health’s recent Victorian Healthcare Experience Survey (VHES) data indicates that although most patients feel they were treated fairly, there are a number of people who felt they were not treated fairly. Although the 2018 data shows considerable fluctuation, patients felt they were treated unfairly because of their disability as follows:

- Up to 1 in 10 people with a mobility impairment, more so in ED than as an inpatient
- Up to 1 in 10 people with deafness/hearing or blindness/vision impairment, more so as an inpatient than in ED
- Up to 1 in 10 people with a mental health condition, more so in ED than as an inpatient
- Up to 1 in 4 people with a learning disability, more as an inpatient than in ED.

	Adult Inpatients 2018				Adult Emergency 2018			
	Jan – Mar (n=672)	Apr – Jun (n=587)	Jul – Sep (n=604)	Oct – Dec (n=514)	Jan – Mar (n=195)	Apr - Jun (n=207)	Jul – Sep (n=183)	Oct – Dec (n=166)
Chronic illness	2.3%	3.7%	1.7%	1.9%	0%	1.5%	3.3%	5.3%
Mobility impairment	5.5%	3.3%	6.1%	3.5%	10.3%	3.4%	9.4%	11%
Deafness or hearing impairment	11%	0%	4.4%	0%	0%	0%	0%	0%
Blindness or vision impairment	11%	12%	0%	0%	0%	0%	0%	0%
Mental health condition	6.7%	0%	4.4%	2%	19%	11.6%	0%	9.1%
Learning disability	7%	23%	0%	25%	19%	0%	0%	0%

*Table 3: Patients with long-standing conditions who believe they were treated unfairly because of their disability*

### 4.3 The legislative context

Eastern Health's disABILITY Action Plan has been developed with reference to the following:

- *Disability Discrimination Act 1992* (Cth)
- United Nations Convention on the Rights of Persons with Disabilities
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Disability Act 2006* (Vic)
- *Disability Amendment Act 2012* (Vic)
- *Equal Opportunity Act 2010* (Vic)
- *State Disability Plan 2017-2020* (Vic)
- WHO International Classification of Functioning Disability and Health 2001

### 4.4 Corporate alignment

Alongside the information gained through stakeholder consultation, development of this plan included a review of Eastern Health's existing policies/standards/guidelines, services and plans, including but not limited to:

- Appropriate and Effective Care Standard
- Code of Conduct Standard
- Consumer & Carer Information Resource Booklet – consumer information
- Diversity and Inclusion Framework
- Diversity and Inclusion Standard
- Equal Opportunity Guideline
- Employee Training and Development Standard
- Grievance Policy and Procedure
- Partnering with Consumers Standard (Consumer, carer and community participation)
- Patient and Family-Centred Care Standard
- Patient Experience of Care Policy
- Patient Information Document Development Guideline
- Privacy Standard
- Recruitment Standard
- Resolution of Complaints from Consumers and Carers Standard
- Rights and Responsibilities of Patients, Clients and Residents
- Staff Health and Wellbeing Standard
- Strategic Plan 2017-2022
- Workplace Bullying Prevention and Management Guideline
- Workplace Mental Wellbeing Guideline

#### 4.4.1 Eastern Health Strategic Plan

The Eastern Health Strategic Plan 2017-2022 defines Eastern Health's vision, mission, strategic initiatives and values. In particular, this planning document supports the delivery of 'Great Care, Everywhere, Every time' and the overarching value of 'Patients First'. This

strategy guides the services provided by Eastern Health and ensures they align with the strategic objectives of the organisation.



Figure 3: Eastern Health Strategic Plan

## 5.0 Next steps

Eastern Health’s disABILITY Action Plan aims to ensure that staff, volunteers and consumers with disabilities experience an inclusive, safe and accessible workplace and health service. This approach aligns with Eastern Health’s core values as outlined in the Strategic Plan. The Plan will be delivered over three years to 2022 and will see Eastern Health strive to be recognised as a leader in the provision of inclusive workplaces and services for people with a disability and to be the healthcare service of choice for our local communities.

Appendix A provides the three-year program to deliver our disABILITY Action Plan with the gap analysis the first major item of work to be progressed. Actions will be progressively implemented across the full three years with progress reported internally to the Board and externally to the community via the annual Eastern Health Quality Account.